

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108930

1. Entity Name

ROSIMERI PEREIRA CLEMENTS, PSY.D, P.A.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90040 002 ***150.00

Principal Place of Business

Mailing Address

7600 SOUTHLAND BOULEVARD
SUITE 313
ORLANDO FL 32809

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SUITE 313
ORLANDO FL 32809

630199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 International Pkwy
Suite 220
Heathrow, FL
32746 USA

3. Mailing Address

120 International Pkwy
Suite 220
Heathrow, FL
32746 USA

4. FEI Number

59-3613612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CLEMENTS, ROSIMERI P PSY.D
STREET ADDRESS 7600 SOUTHLAND BOULEVARD SUITE 313
CITY-ST-ZIP ORLANDO FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME clements, Rosimeri P, Psy.D., P.A.
STREET ADDRESS 120 International Pkwy, Suite 220
CITY-ST-ZIP Heathrow, FL 32746

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rosimeri Pereira Clements, Psy.D. 3/23/00 (800) 0762 307-