

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**

09-07-2000 90060 010 \*\*\*150.00

**DOCUMENT # P99000109927**

1. Entity Name  
**CESAR B. INCERA, M.PSY., PA.**

Principal Place of Business S.W. 72ND AVENUE 4960 FL 33135	Mailing Address 4960 S.W. 72ND AVENUE SUITE 4960 MIAMI FL 33135
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A0075592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4960 S.W. 72nd Ave</b>	3. Mailing Address <b>4960 S.W. 72nd Ave</b>
Suite, Apt., etc. <b>Suite 304</b>	Suite, Apt., etc. <b>Suite 304</b>
City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33155</b> Country <b>US</b>	Zip <b>33155</b> Country <b>US</b>

4. FEI Number <b>65-0970578</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**INCERA, CESAR B**  
**581 N.W. 107 AVENUE, APT. 202**  
**MIAMI FL 33172**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>INCERA, CESAR B</b> <b>581 N.W. 107 AVENUE, APT. 202</b> <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Cesar Incera **CESAR B. INCERA** 8-31-00 305/662-2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

Attachment doc #  
P99000109927  
A0075592

CESAR B. INCERA, M.PSY., PA  
4960 S.W. 72<sup>ND</sup> AVENUE, SUITE 304  
MIAMI, FLORIDA 33155

FEI NUMBER: 65-0970578

8-31-00

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500  
ATT: SHAWN

DEAR SHAWN:

AS PER OUR PHONE CONVERSATION AND FOLLOWING YOUR SUGGESTION,  
INCLUDED YOU WILL FIND THE "2000 UNIFORM BUSINESS REPORT (UBR)  
DUE BY MAY 1, 2000, ALONG WITH MY CHECK FOR \$150.00.

AN EXPLANATION FOLLOWS:

AS INDICATED BY THE CORRECTIONS WRITTEN ON THE FORM, THE SUITE #  
IN THE ADDRESS IN YOUR RECORDS IS WRONG, BOTH FOR THE "MAILING  
ADDRESS" AND FOR THE "PRINCIPAL PLACE OF BUSINESS". I CHECKED ON  
OUR OWN RECORDS IN THE PAPERS WE SUBMITTED TO YOUR OFFICES, AND  
IN THEM THE ADDRESS IS CORRECT. SO IT WAS IN YOUR OFFICES THAT  
THE MISTAKE WAS MADE. DUE TO THAT, THE ORIGINAL FORM JUST  
REACHED OUR OFFICES ONLY ONE WEEK PREVIOUS TO THE DATE THAT THE  
FORM DUE BY SEPTEMBER 13 REACHED OUR OFFICES. THEREFORE, I COULD  
NOT HAVE BEEN ABLE TO FILE THIS FORM AND SEND THE APPROPRIATE  
PAYMENT BY THE DUE DATE OF MAY 1. AS A CONSEQUENCE, IT WOULD BE  
UNFAIR FOR ME TO HAVE TO PAY THE PENALTY OF THE \$550.00 FEE.

PLEASE, ACKNOWLEDGE RECEIPT OF THIS LETTER, FORM, AND CHECK FOR  
ME TO KNOW THAT EVERYTHING IS NOW IN ORDER IN YOUR RECORDS ON MY  
ORGANIZATION.

IF YOU NEED ANY FURTHER CLARIFICATION FROM ME, PLEASE DO NOT  
HESITATE TO LET ME KNOW. I WILL BE LOOKING FORWARD TO YOUR  
REPLY.

SINCERELY,

