

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 Mailing Address

S.W. 72ND AVENUE 4960 S.W. 72ND AVENUE
 4960 SUITE 4960
 FL 33135 MIAMI FL 33135

A0075592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

4960 S.W. 72nd Ave **4960 S.W. 72nd Ave**

Suite, Apt., etc. Suite, Apt., etc.

Suite 304 **Suite 304**

City & State City & State

MIAMI, FLORIDA **MIAMI, FLORIDA**

Zip Country Zip Country

33155 **US** **33155** **US**

4. FEI Number Applied For

65-0970578 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

 \$8.75 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	DP	<input type="checkbox"/> Delete
NAME	INCERA, CESAR B	
STREET ADDRESS	581 N.W. 107 AVENUE, APT. 202	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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. 72ND 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,

