

2004 FOR PROFIT CORPORATION REINSTATEMENT

192

DOCUMENT # P99000109927

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 NOV 19 AM 10:14

Principal Place of Business
4960 S.W. 72ND AVENUE
SUITE 304
MIAMI, FL 33155

Mailing Address
4960 S.W. 72ND AVENUE
SUITE 304
MIAMI, FL 33155

REINSTATEMENT 04



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0970578

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11-11-04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000043300310 12/09/04--01031--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000043300310 12/09/04--01031--002 **8.75
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-04 (305) 662-2882

Date

Daytime Phone #

202

CESAR B. INCERA, M.PSY., L.M.H.C.

LIC # MH0002196

Marina Lake Business Park
4980 S.W. 72nd Avenue, Suite 304
Miami, FL 33155

Telephone (305) 882-2882
Fax (305) 882-4778

October 26, 2002

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, Florida 32314-6198

Re: CESAR B INCERA, M.PSY., PA.
Doc # P 99000109927

Gentlemen:

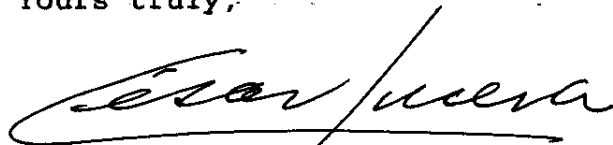
We were surprised when we received the Dissolution
Notice.

We never received this year any prior notice to remind
us the payment of the annual fee.

Enclosed, please, find check for the 2004
corresponding fee.

Please, let us know if additional information is
needed.

Yours truly,



Cesar B. Incera
President

cc: Marcos Anthony Guerra, CPA.