2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 19, 2002 8:00 am Secretary of State S36813 DOCUMENT # 1. Entity Name 09-19-2002 90151 009 ***150.00 JEFFREY F. SPAR, PH.D., P.A. Principal Place of Business Mailing Address 9485 SW 72 ST (SUNSET DR) 9485 SW 72 ST (SUNSET DR) A-222 A-222 MIAMI FL 33173 MIAMI FL 33173 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0247819 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent_ Name SPAR, JEFFREY F. Street Address (P.O. Box Number is Not Acceptable) 9485 S W 72 ST A222 MIAMI FL 33173 City 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 . .Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Addition Delete Change SPAR, JEFFERY F. NAME NAME 11285 SW 92 PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

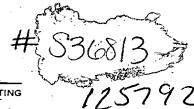
CITY-ST-ZIP

CR2E034 (4/02)

Attachment

JEFFREY F. SPAR, Ph.D., P.A.

. PSYCHOTHERAPY AND CORPORATE CONSULTING



SUITE A-222 9485 SUNSET DRIVE MIAMI, FLORIDA 33173 (305) 279-0007 Ext. 201

September 3, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

Re:Jeffrey-F-Spar-PH.D,-P.A-Document # S36813

Dear Sir,

Kindly accept the enclosed form (Uniform Business Report – 2002) and the accompanying \$ 150. check as payment for my filing fee. I did not receive any prior forms or communication regarding this form for the year 2002, and have always filed this form on a current basis for all previous years.

Thank you for your assistance in this matter.

Sincerely,

Jeffrey Spar