

T96000000216

Teresa Albizu-Rodriguez
Requestor's Name

Caribbean Center for Advanced Studies
Address

8180 NW 36th St. 2nd Floor
City/State/Zip Phone #

Miami, FL 33166

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 789/745/740/755/762
(Corporation Name) (Document #)
- "Caribbean CENTER FOR ADVANCED STUDIES"
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 28 AM 10:33

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

~~796-2066~~

600001704386
-02/01/96-0105L-0003
****175.00****

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name Availability	<u>GA</u>
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgment	GSH
W. P. Verifier's Initial	GSH

87.50

T96-216



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 9, 1996

TERESA ALBIZU-RODRIGUEZ
CARIBBEAN CENTER FOR ADVANCED STUDIES
8180 NW 36TH ST., 2ND FLOOR
MIAMI, FL 33166

SUBJECT: CARIBBEAN CENTER FOR ADVANCED STUDIES & DESIGN
Ref. Number: W96000003066

We have received your document for CARIBBEAN CENTER FOR ADVANCED STUDIES & DESIGN and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following: "CARIBBEAN & CENTER FOR ADVANCED STUDIES"

The signature paragraph below Part III must be completed.

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey

96 FEB 29 11:10:33
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom
acknowledgement should be sent:

Teresa Albizu-Rodriguez
Caribbean Center for Advanced Studies
~~Miami Institute of Psychology~~
8180 N.W. 36th St. 2nd Floor
Miami, FL 33166
(305) 593-1223 Ext. 114, 108
Daytime Telephone number

PART I

- 1. (a) Applicant's name: Caribbean Center for Advanced Studies. ✓
- (b) Applicant's business address: 8180 N.W. 36th St 2nd Floor
Miami, Florida Zip: 33166
- (c) Applicant's telephone number: (305) 593-1223

Individual Corporation Joint Venture Other: _____
 General Partnership Limited Partnership Union

If other than an individual,

- (1) Florida registration number: 844977
- (2) Federal Employer Identification Number: 592060342
- (3) Domicile State: PUERTO RICO

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2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)
EDUCATIONAL INSTITUTION

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)
N/A

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
LETTER HEAD, BUSINESS CARDS, NEWSPAPER, ADS, ALL ADVERTISEMENTS, BROCHURES.

(Continued)

(d) The class(es) in which goods or services fall:

CLASS 41

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 8/1970

(b) Date first used in Florida: 8/1980

PART III

1. The mark to be registered is: (If logo/design is included, please give a written description which must be 25 words or less.)

CARIBBEAN CENTER FOR ADVANCED STUDIES.

LOGO: THE CIRCLE IN THE LOGO REPRESENTS THE LIFE-CYCLE; THE INVERTED TRIANGLE REPRESENTS SPIRITUALITY; THE HUMANIZED PSI SYMBOL REPRESENTS SCIENCE AT THE SERVICE OF HUMANITY.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " CARIBBEAN Center for Advanced Studies " APART FROM THE MARK AS SHOWN.

I, TERESA ALBIZU-RODRIGUEZ, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

TERESA ALBIZU-RODRIGUEZ

Typed or printed name of applicant

Handwritten signature of Teresa Albizu-Rodriguez

Applicant's signature or authorized person's signature (List name and title)

RECEIVED FEB 28 AM 10:33 SECRETARY OF STATE DEPARTMENT OF CORPORATIONS

STATE OF FLORIDA

COUNTY OF DADE

On this 15 day of February, 1996, personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of



FRANCINE ODIQ My Commission CC421052 Expires Nov 18, 1998 Bonded by ANB 800-852-6878

Handwritten signature of Francine Odiq

Notary Public Signature

FRANCINE ODIQ

Notary's Printed Name

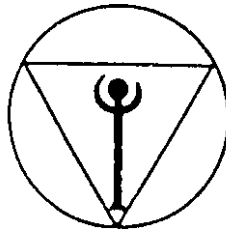
Seal

My Commission Expires: 11/18/98

FEE: \$87.50 per class

**MIAMI INSTITUTE OF
PSYCHOLOGY**

Caribbean Center for
Advanced Studies



Career Information Pamphlet
CLINICAL PSYCHOLOGIST

Adapted from Occupational Outlook
Handbook, 1992
U S Department of
Labor Washington, D C