2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90049 002 ***150.00

DOCUMENT # 656100

1. Entity Name
LAW ENFORCEMENT PSYCHOLOGICAL AND COUNSELING ASS

U00032799

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~250 CATALONIA AVE~~	~~250 CATALONIA AVE~~
~~STE 604~~	~~STE 604~~
~~CORAL GABLES FL 33134~~	~~CORAL GABLES FL 33134~~
US	US

	2. Principal Place of Business	3. Mailing Address
Street	3900 NW 79 Ave.	3900 NW 79 Ave
Suite, Apt. #, etc.	Ste 726	Ste 726
City & State	Miami FL	Miami FL
Zip	33166	33166
Country	US	US

4. FEI Number 59-1978758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AXELBERD, MARK
250 CATALONIA AVE
SUITE 604
CORAL GABLES FL 33134

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	AXELBERD, MARK		NAME		
STREET ADDRESS	13211 MUSTANG TRAIL		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33330		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		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Mark Axelberd 4-6-01 (305) 442-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)