

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/11

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90143 008 \*\*\*150.00

**DOCUMENT # P00000086606**

1. Entity Name

**ASSOCIATES FOR PSYCHOLOGICAL GROWTH, INC.**

*(LA)*

Principal Place of Business

Mailing Address

6499 POWERLINE ROAD #209  
 FORT LAUDERDALE FL 33309

6499 POWERLINE ROAD #209  
 FORT LAUDERDALE FL 33309

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

65-1038581

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

**BERNSTEIN, SANDY**  
**6499 POWERLINE ROAD #209**  
**FORT LAUDERDALE FL 33309**

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

*Sandy Bernstein, PhD*

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

(NOTE: Registered Agent signature required when reinstating)

*4/28/01*

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BERNSTEIN, SANDY</b>	
STREET ADDRESS	<b>6499 POWERLINE ROAD #209</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STROM, JANON</b>	
STREET ADDRESS	<b>6499 POWERLINE ROAD #209</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, BETH</b>	
STREET ADDRESS	<b>6499 POWERLINE ROAD #209</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33309</b>	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Sandy Bernstein, PhD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/29/01*

DATE

*954 772 6617*

DELETED PHONE #

CR2E034 (10/00)