

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000022149

1. Entity Name
PSYCHOPTIONS AFFILIATES, INC.

Principal Place of Business
1380 MIAMI GARDENS DRIVE
STE 165
MIAMI FL 33179 US

Mailing Address
P O BOX 69-4441
MIAMI FL 33269 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
65-0650648

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LOUGACHI BERYL
1380 MIAMI GARDENS DRIVE, STE 165
MIAMI FL 33179 US

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 04/11/2001

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	KLEINMAN AMY	1380 MIAMI GARDENS DR, STE 165	MIAMI FL 33179	☐
PD	LOUGACHI BERYL	1380 MIAMI GARDENS DRIVE, STE 165	MIAMI FL 33179	☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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: Amy Kleinman

VP

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)