

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F42126

1. Entity Name  
CENTER FOR BEHAVIORAL PSYCHOLOGY, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
03-20-2000 90115 049 \*\*\*150.00

Principal Place of Business  
7800 RED ROAD  
SUITE 108  
MIAMI FL 33143  
US

Mailing Address  
PO BOX 266380  
WESTON FL 33326-6380  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
WESTON, FLORIDA

Zip  
33332

Country  
US

City & State

4. FEI Number  
59-2119686

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

WALLACH, CAROLYN M  
7800 RED ROAD SUITE 108  
MIAMI FL 33143

## 7. Name and Address of New Registered Agent

Name  
CAROLYN WALLACH

Street Address (P.O. Box Number is Not Acceptable)  
2702 Cypress Lane

City  
WESTON FL Zip Code  
33332

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 ☒ Carolyn M. Wallach CAROLYN WALLACH ☒ 3/13/2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	<input type="checkbox"/> Delete
S	WALLACH, EDWARD S	7800 RED RD SUITE 108	MIAMI FL	<input type="checkbox"/>
VTD	WALLACH, CAROLYN M	7800 RED RD SUITE 108	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P/S/D		2702 Cypress Lane	WESTON, FLORIDA 33332	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
		2702 Cypress Lane	WESTON, Florida 33332	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ☒ Carolyn Wallach CAROLYN WALLACH ☒ 3/13/2000 ☒ 954-217-1885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #