

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90028 046 ***150.00

0312579 AV

DOCUMENT# H22439

1. Entity Name

TRUDY BLOCK, PH.D., P.A.

Principal Place of Business

**6499 N.W. 9 AVE., #209
 FT. LAUDERDALE FL 33309**

Mailing Address

**6499 N.W. 9 AVE., #209
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

2900 E. Oakland Park Blvd.

3. Mailing Address

2900 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Third Floor

Suite, Apt. #, etc.

Third Floor

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip
33306

Country
USA

Zip
33306

Country
USA

4. FEI Number

59-2452569

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

**BLOCK, E. GERALD, C.P.A.
 805 E. BROWARD BLVD., STE. 301
 FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
E. Gerald Block, C.P.A., P.A.

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

2500 No. Federal Highway, #300

City
Port Lauderdale, FL Zip Code
33305

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

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, 2002 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
DP ☐ Delete
 NAME
BLOCK, TRUDY, PH.D.
 STREET ADDRESS
2842 NE 23 ST
 CITY-ST-ZIP
FT LAUDERDALE FL

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Trudy Block
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 (954) 566-2233
 Date Daytime Phone #

CR2E034 (9/01)