

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K33997

1. Entity Name

SOUTH FLORIDA PSYCHOLOGICAL SERVICES, INC.

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90206 024 ***150.00

Principal Place of Business

2630 N.E. 203RD STREET., STE 103
NORTH MIAMI BEACH FL 33180
US

Mailing Address

2630 N.E. 203RD STREET., STE 103
NORTH MIAMI BEACH FL 33180
US

2. Principal Place of Business

975 Arthur Godfrey Rd.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite 303

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Zip

FL

Country

USA

Zip

33140

Country

4. FEI Number

65-0290472

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

MOSKOWITZ, THOMAS B
5730 ALTON RD.
MIAMI BCH. FL 33140

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

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, 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 ☐ Delete
NAME D
STREET ADDRESS MOSKOWITZ, THOMAS B.
CITY-ST-ZIP 5730 ALTON RD.
MIAMI BCH. FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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:

Thomas Moskowitz, Director, 4-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)