

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0009861
AF

DOCUMENT # L00000011731

1. Entity Name

NEURO PSYCH FINANCIAL GROUP, LLC

01 APR 24 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9720 W. BROADVIEW DRIVE
BAY HARBOR FL 33154

9720 W. BROADVIEW DRIVE
BAY HARBOR FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2925 AVENUE BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

City & State

AVENUE FLA

Zip

33180

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, PAUL

FIELDSTONE LESTER SHEAR & DENBERG

201 ALHAMBRA CIRCLE, SUITE 601

CORAL GABLES FL 33134

Name

ARNOLD CARTER

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

9720 W. BROADVIEW DR

BAY HARBOR

City

FL

Zip Code

33154

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

Arnold Carter 4/17/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004195134--0
-05/11/01--01021--027
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MANAGING DIRECTOR ☐ Delete
NAME ARNOLD CARTER
STREET ADDRESS 9720 W. BROADVIEW DR.
CITY-ST-ZIP BAY HARBOR FL. 33154

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

TITLE MANAGING DIRECTOR ☐ Delete
NAME CARL BUNIN
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP SUITE 601

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

TITLE ☐ Delete
NAME
STREET ADDRESS CORAL GABLES FL.
CITY-ST-ZIP 33134

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Arnold Carter MANAGING DIRECTOR 4/17/01

CR2E083 (11/00)