

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92729

1. Entity Name

SOUTHEAST CENTER FOR STRESS AND ANXIETY, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90048 008 ***150.00

Principal Place of Business

Mailing Address

8551 W. SUNRISE BLVD., STE. 206
PLANTATION FL 33322

8551 W. SUNRISE BLVD., STE. 206
PLANTATION FL 33322

2. Principal Place of Business

1700 ARVIDA PARKWAY

3. Mailing Address

17100 ARVIDA PARKWAY

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

USA

Zip

33331

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0217836

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

HARRIS, RICK

8551 W. SUNRISE BLVD., STE. 206
PLANTATION FL 33322

Name

HARRIS, RICK

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

17100 ARVIDA PARKWAY, SUITE 1

City

WESTON

FL

Zip Code

33331

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 P ☒ Delete
NAME HARRIS, RICK
STREET ADDRESS 8551 W. SUNRISE BLVD., STE. 206
CITY-ST-ZIP PLANTATION FL 33322

TITLE P ☒ Change ☐ Addition
NAME HARRIS, RICK
STREET ADDRESS 17100 ARVIDA PARKWAY, SUITE 1
CITY-ST-ZIP WESTON, FL 33331

TITLE ST ☒ Delete
NAME DARMANIAN, MARIEC
STREET ADDRESS 8551 W. SUNRISE BLVD., STE. 206
CITY-ST-ZIP PLANTATION FL 33322

TITLE ST ☒ Change ☐ Addition
NAME DARMANIAN, MARIE
STREET ADDRESS 17100 ARVIDA PARKWAY, SUITE 1
CITY-ST-ZIP WESTON, FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)