

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002090

1. Entity Name

CHILD & FAMILY PSYCHOLOGISTS OF WESTON, L.C.

Principal Place of Business

1040 WESTON ROAD, SUITE 210
WESTON FL 33326

Mailing Address

1040 WESTON ROAD, SUITE 210
WESTON FL 33326-1912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

SPERO, MITCHELL E

7520 N.W. 5TH STREET, SUITE 204

PLANTATION FL 33317-1613

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MITCHELL E. SPERO, PSY. D., P.A.
STREET ADDRESS 7520 N.W. 5TH STREET, SUITE 204
CITY- ST- ZIP PLANTATION FL 33317-1613

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

TITLE MGRM ☐ Delete
NAME PAUL INKELES, PSY. D., C.A.P., P.A.
STREET ADDRESS 1040 WESTON ROAD, SUITE 210
CITY- ST- ZIP WESTON FL 33326

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

TITLE ☐ Delete
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CITY- ST- ZIP

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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 OR MANAGER

Date

Daytime Phone #

02-12-00 (954)349-2777

CR2E083 (9/99)