

2001 UNIFORM BUSINESS REPORT (UBR)

0012865 AF

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

FILED
Apr 02, 2001 8:00 A.M.
Secretary of State

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003994369-2
-04/12/01--01066--015
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Mitchell E. Spero, Psy.D. Mitchell E. Spero, Psy.D. 03-07-01(454)349-2777

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

Date

Daytime Phone #

CR2E083 (11/00)