

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95004

1. Entity Name

ANDREA DRAIZAR PH.D., CCC-SP., & ASSOCIATES, P.A

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90080 039 ***150.00

Principal Place of Business

10661 N KENDALL DR
MIAMI FL 33176
US

Mailing Address

10661 N KENDALL DR.
MIAMI FL 33176-1550
US

2. Principal Place of Business

10661 N. Kendall Dr
Suite, Apt. #, etc.
113

3. Mailing Address

10661 N. Kendall Dr -
Suite, Apt. #, etc.
113

City & State

Miami, FL 33176
Zip
33176

City & State

Miami FL
Zip
33176

4. FEI Number

65-0069616

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

WEITZMAN, JACK L.
9190 SUNSET DR
MIAMI FL 33173

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DRAIZAR, ANDREA
10661 N KENDALL DR, #101
MIAMI FL

☐ Delete

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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:

Andrea Draizar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
Date

305 595 4271
Daytime Phone #

CR2E034 (9/99)