

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005437

1. Entity Name

SOUTHEAST FLORIDA INSTITUTE FOR PSYCHOANALYSIS A

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90075 006 ****61.25

Principal Place of Business

Mailing Address

370 W CAMINO GARDENS BLVD
SUITE 106
BOCA RATON FL 33432

370 W CAMINO GARDENS BLVD
SUITE 106
BOCA RATON FL 33432-5826

2. Principal Place of Business

5513-N.E. 16th AVE
Suite, Apt. #, etc.

3. Mailing Address

5513-N.E. 16th AVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE, FL
Zip
33334
Country
U.S.A

City & State
FT LAUDERDALE, FL
Zip
33334 FL
Country
U.S.A

4. FEI Number

65-0460322

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

Name

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

5513-N.E. 16th AVE

City

FT LAUDERDALE,

FL

Zip Code

33334

VIRSIDA, ANTONIO R
370 W CAMINO GARDENS BLVD
SUITE 106
BOCA RATON FL 33432

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

Antonio R. Virsida

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VIRSIDA, ANTONIO R	
STREET ADDRESS	370 W CAMINO GARDENS BLVD SUITE 106	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFMAN, EMILY	
STREET ADDRESS	2450 HOLLYWOOD BLVD #606	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORRIE, CHRIS	
STREET ADDRESS	7325 S.W. 63RD AVENUE, SUITE 102	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Emily Kaufman PhD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emily KAUFMAN PhD 2/8/00 (954) 929-4199
Date Daytime Phone #

CR2E037 (9/99)