

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050627

1. Entity Name

LORRAINE S. BERKOWITZ, PSY.D., P.A.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90046 033 ***158.75

0331741

Principal Place of Business

Mailing Address

3809 NW 65TH LANE
BOCA RATON FL 33496

3809 NW 65TH LANE
BOCA RATON FL 33496

733018

2. Principal Place of Business

433 PLAZA REAL

3. Mailing Address

Suite, Apt. #, etc.

SUITE 275

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

4. FEI Number

65-1007985

Applied For

Not Applicable

Zip

33432

Country

USA

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERKOWITZ, LORRAINE S
3809 NW 65TH LANE
BOCA RATON FL 33496

7. Name and Address of New Registered Agent

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, 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

TITLE **President** ☐ Delete
NAME **Lorraine S. Berkowitz**
STREET ADDRESS **433 Plaza Real Suite 275**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **Secretary** ☐ Delete
NAME **Lorraine S. Berkowitz**
STREET ADDRESS **433 Plaza Real Suite 275**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **Treasurer** ☐ Delete
NAME **Lorraine S. Berkowitz**
STREET ADDRESS **433 Plaza Real Suite 275**
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Lorraine S. Berkowitz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine S. Berkowitz, Pres. 3-24-2001

Date

50-301-4810

CR2E034 (10/00)