

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2001 8:00 am
Secretary of State

07-23-2001 90003 032 ***150.00

DOCUMENT # P00000051743

1. Entity Name

NAVA GOLDENHOLZ, PH.D., P.A.

Principal Place of Business

**3132 N PINE ISLAND ROAD
 SUNRISE FL 33351**

Mailing Address

**3132 N PINE ISLAND ROAD
 SUNRISE FL 33351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1009284

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

**GOLDENHOLZ, NAVA PH.D.
 3132 N PINE ISLAND ROAD
 SUNRISE FL 33351**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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	President, VP, Sec Nava Goldenholz 3132 N Pine Island Sunrise, FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: NAVA GOLDENHOLZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2001

Date

954-742-0917

Daytime Phone #

CR2E034 (5/01)

Attachment
D#P00000517B
A0078918

NAVA GOLDENHOLZ, Ph.D., P.A.
CLINICAL PSYCHOLOGIST
3132 N. Pine Island Road
SUNRISE, FLORIDA 33351
Tel.: (954) 742-0797 Fax.: (954) 742-3093

July 12, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500

Tallahassee, Florida 32302-1500

Re: Nava Goldenholz, Ph.D., P.A.
FEI number 65-1009284

To whom it may concern:

Enclosed please find my 2001 Uniform Business Report with a check for the amount of \$150.00.

I have never received the 2001 Uniform Business Report Form until now and I should not be subject to a late fee.

Please note that this is the first year for recording of my corporation Uniform Business Report in the state of Florida. I did know about this requirement prior to receiving this notice from you in July, 2001.

If you have any questions regarding this matter, do not hesitate to call me.

Sincerely;



Nava Goldenholz, Ph.D.