

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088626

1. Entity Name

NEURO PSYCH DATA INTERNATIONAL, INC.

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90055 025 \*\*\*150.00

Principal Place of Business

9720 W BORADVIEW DRIVE  
BAY HARBOR FL 33154

Mailing Address

9720 W BORADVIEW DRIVE  
BAY HARBOR FL 33154

2. Principal Place of Business

2925 AVENTURA BLVD  
Suite, Apt. #, etc.  
203

3. Mailing Address

9720 W. BROADVIEW DR  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

AVENTURA FLA.

City & State

BAY HARBOR FLA

4. FEI Number

65-1048541

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LESTER, PAUL A  
201 ALHAMBRA CIRCLE SUITE 601  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ARNOLD P. CARTER

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

9720 W. BROADVIEW DR.

City

BAY HARBOR

FL

Zip Code

33154

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 ☐ Delete  
NAME D  
STREET ADDRESS HEYREND, F. LAMARR  
CITY-ST-ZIP 3436 BRYSON STREET  
BOISE ID 83713

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BARS, DONALD R  
CITY-ST-ZIP 5121 N MOUNTAIN VIEW  
BOISE ID 83704

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CARTER, ARNOLD P  
CITY-ST-ZIP 9720 W BORADVIEW DRIVE  
BAY HARBOR FL 33154

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 PRESIDENT  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)