

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90167 043 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000049185

1. Entity Name

ALL-ON-LN-PSYCH PA.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

221 W. Hallandale Bch Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1878 NW 132<sup>nd</sup> Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

EIN #

City &amp; State

Hallandale Bch Fla

City &amp; State

Pembroke Pines Fla

Zip

33009

Country

USA

Zip

33028

Country

USA

4. FEI Number

651118707

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Joyce North

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

800 SW 137 Ave G-308City Pembroke Pines FLZip Code 33027

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

L. A. L. C. S. W.

Mailing address

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

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$350.00  
 Amended UBR is \$61.25  
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11.

TITLE  
NAME  
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CITY-ST-ZIP

President/owner home address

business address  
221 W. Hallandale Bch  
Hall Fla 33009Joyce North Agent  
800 SW 137 Ave G-308  
Pembroke Pines FL

33027

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/02

Date

Daytime Phone #

CR2E034B (12/01)

7/30/02


RE: ALL-ON-LN-PSYCH PA.  
PO1000049185

Attachment  
~~XXXXXXXXXX~~ 98619  
PO1000049185

To Whom It May Concern:

I was notified that there is corporation taxes that I need to pay. I formed a corporation last year for myself and I am the only practitioner in the corporation. I was notified of a late fee for a tax bill I never received. I have never paid a late bill in my life and usually pay my bills ONE MONTH EARLY. I did not receive any bill from your office. I am enclosing a check for \$150.00 and will ask you to mail any future mailings to a more secure address. Please send all mail to my home. Cindy North LCSW, 1878 NW 132<sup>nd</sup> Avenue Pembroke Pines, Florida 33028. My document number is PO1000049185, my entity name is ALL-ON-LN-PSYCH PA. My principal place of business is 221 W. Hallandale Bch Boulevard, Hallandale Beach Florida. 33009. My officers and agent is the same. Again I am sorry the check is late but I never received any bill. If you need to contact me by phone for any reason I can be reached at 954-322-1005. Thank you for your understanding.

Sincerely Yours,



Cindy North L.C.S.W.

Ein# 651118707