

5/28/2002-91636-030-\$150.00-\$150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000080725**

1. Entity Name

PAUL M. INKELES, PSY.D., P.A.

FILED

02 AUG 19 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12733 NW 16 COURT
CORAL SPRINGS FL 33071

Mailing Address

12733 NW 16 COURT
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1750 UNIVERSITY DRIVE
SUITE 209
Coral Springs, FL
33071

3. Mailing Address

1750 UNIVERSITY DRIVE
SUITE 209
Coral Springs, FL
33071

4. FEI Number

65-0688054

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
7805 SW 6 COURT
PLANTATION FL 33324

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

Paul M. Inkeles

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

(NOTE: Registered Agent signature required when reappointing)

5/1/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

D
TITLE NAME
INKELES, PAUL M
STREET ADDRESS
12733 NW 16 COURT
CITY-ST-ZIP
CORAL SPRINGS FL 33071☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ AdditionTITLE NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

5/1/02

Date

954-346-3500

Daytime Phone #

CR2034 (9/01)