

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90350 001 ***150.00

DOCUMENT # P01000090681

1. Entity Name

CLINICAL PSYCHOTHERAPY ASSOCIATES, INC.

Principal Place of Business

8527 PINES BOULEVARD SUITE 215
 PEMBROKE PINES FL 33024

Mailing Address

8527 PINES BOULEVARD SUITE 215
 PEMBROKE PINES FL 33024



DO NOT WRITE IN THIS SPACE

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

65-1139195

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

SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145

Name

FRED W HINDE

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

8527 PINES BLVD. SUITE 214, 215

City

PEMBROKE PINES

FL

Zip Code

33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Fred W. Hinde, Pres.

FRED W. HINDE

7/9/02

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 13, 2002 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	PSTD HINDE, FRED W	<input type="checkbox"/> Delete
STREET ADDRESS	8527 PINES BOULEVARD SUITE 215	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Fred W. Hinde, Pres FRED HINDE 7/9/02 954 442 0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

CLINICAL PSYCHOTHERAPY

Fred W. Hinde, MS, LMHC, CAP Fl. Lic. # MH 5680

8527 Pines Blvd. Suite 215 Pembroke Pines, FL 33024

Phone: 954-442-0443 Cell 954-579-7386 Fax 954-431-0804

A Hechman

July 9, 2002

*# PO/000090681
120500*

Division Of Corporations

Gentlemen:

Our corporation did not receive a prior notice. We are responding to the notice we received on July 2, 2002. It is my understanding that the late fee will be waived. Therefore, I am enclosing a check for \$150.00.

Thank you,

Fred W. Hinde

Fred W. Hinde, President of Clinical Psychotherapy Associates.