

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90100 014 \*\*\*150.00

**DOCUMENT # P93000023793**

1. Entity Name

**IRIS NYSTROM, MSW, PA**

Principal Place of Business

2295 CORPORATE BLVD  
 SUITE 231  
 BOCA RATON FL 33431  
 US

Mailing Address

2295 CORPORATE BLVD  
 SUITE 231  
 BOCA RATON FL 33432-5144  
 US

**604987**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0386918**

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

**NYSTROM, IRIS**  
**2295 CORPORATE BLVD SUITE 231**  
**COTTAGE B**  
**BOCA RATON FL 33431**

Name

*Nystrom, Iris*

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

*1 South Ocean Blvd.*

*Suite 200*

City *Boca Raton*

**FL**

Zip Code  
**33432-5144**

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: *Iris Nystrom*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **D NYSTROM, IRIS**  
 STREET ADDRESS **2295 CORPORATE BLVD SUITE 231**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE  Change  Addition  
 NAME *Nystrom, Iris*  
 STREET ADDRESS *1 South Ocean Blvd. - Suite 200*  
 CITY-ST-ZIP *Boca Raton, FL 33432-5144*

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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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)(l), 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: *Iris Nystrom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/5/00*

Date

Daytime Phone #