

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90030 034 ***150.00

DOCUMENT # P93000066085

1. Entity Name

BETH HERSHKOWITZ HALL, PH.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6499 Powerline Road

3. Mailing Address
6499 Powerline Road

Suite, Apt. #, etc.
#209

Suite, Apt. #, etc.
#209

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number
65-0437248

Applied For
☐ Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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44024117

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Beth Hall

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

6499 Powerline Road, #209

City Fort Lauderdale, **FL** **Zip Code** 33309

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/1/04

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 \$550.00
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. OFFICERS AND DIRECTORS

TITLE P
NAME Beth Hall
STREET ADDRESS 6499 Powerline Road, #209
CITY-ST-ZIP Fort Lauderdale, FL 33309

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Beth Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/04

Daytime Phone #

CR2E034B (12/01)