

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070404

1. Entity Name

COUNSELING SERVICES INSTITUTE, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90102 046 \*\*\*150.00

Principal Place of Business

315 SE MIZNER BLVD. SUITE 202  
BOCA RATON FL 33432

Mailing Address

315 SE MIZNER BLVD. SUITE 202  
BOCA RATON FL 33432-6036

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0441512

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

FRYDMAN, JACOB  
2201 COCOANUT RD  
BOCA RATON FL 33432

Name

HEARN, DONNA

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

315 SE MIZNER BLVD SUITE 202

City

BOCA RATON

FL

Zip Code

33432

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

*Jacob Frydman* JACOB FRYDMAN

02/09/2000

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 NAME	PD HEARN, DONNA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1515 N FEDERAL HWY, #210 BOCA RATON FL 33432	
TITLE NAME	VD FRYDMAN, JACOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1515 N FEDERAL HWY, #210 BOCA RATON FL 33432	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD HEARN, DONNA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	315 SE MIZNER BLVD STE 202 BOCA RATON FL 33432	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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:

*Donna Hearn* DONNA HEARN

02/10/2000

Date

561 368-5800

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)