

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90048 009 ***150.00

DOCUMENT # P94000037135

1. Entity Name
ADVANCED HYPNOTHERAPY SERVICES, INC.

Principal Place of Business

Mailing Address

~~7118 W MCNAB RD~~
7915 W COMMERCIAL BLVD
 TAMARAC FL 33321
 US

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7915 W COMMERCIAL BLVD
 TAMARAC FL 33321
 US

2. Principal Place of Business

7915 W COMMERCIAL BLVD
 Suite, Apt. #, etc.

3. Mailing Address

7915 W COMMERCIAL BLVD
 Suite, Apt. #, etc.

City & State

TAMARAC FL

Zip

33321 BROWARD

City & State

TAMARAC FL

Zip

33321 BROWARD

4. FEI Number

65-0500078

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

BARON, DAVID
9201 SUNRISE LAKES BLVD
SUNRISE FL 33322

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

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, 2001 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 **P** ☐ Delete
 NAME **ARIEL, BENJAMIN**
 STREET ADDRESS **9024 VINEYARD LAKES DR.**
 CITY-ST-ZIP **PLANTATION**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)