

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003129

1. Entity Name
NEURO COGNITIVE DYNAMICS, INC.

Principal Place of Business
3700 N. 32ND TERRACE
HOLLYWOOD FL 33021

Mailing Address
3700 N. 32ND TERRACE
HOLLYWOOD FL 33021

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 65-0549212

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

DOLCHIN, STEVEN B
THE OAKS, SUITE 202B
4330 SHERIDAN ST.
HOLLYWOOD FL 33021

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOTTLIEB, JAY S
3700 N. 32ND TERRACE
HOLLYWOOD FL 33021 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
GOTTLIEB, SHIRLEY E
3700 N. 32ND TERRACE
HOLLYWOOD, FL 33021 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

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: Shirley E Gottlieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90138 034 ***150.00

00033668



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)