

03 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 95D00047417

1. Entity Name

Maria L. Bondi, LMHC, PA



FILED

03 MAY - 1 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1331 NE 16 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33334

Country  
USA

City & State

Zip

Country

4. FEI Number

65-0660012

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Maria L. Bondi LMHC

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

1331 NE 16 AVENUE

City FT. LAUDERDALE,

FL

Zip Code  
33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Maria L. Bondi LMHC  
President  
1331 NE 16 AVENUE  
FT LAUDERDALE, FL 33334

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4000018454414  
05/07/03-01071--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Maria L. Bondi LMHC President April 21, 03 954/267-9824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)