

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90219 043 ***150.00

DOCUMENT # P96000004607

1. Entity Name
CAROL NUDELMAN, PSY. D., P.A.



Principal Place of Business
**7800 RED ROAD
SUITE 210
SOUTH MIAMI FL 33143
US**

Mailing Address
**G/O GERSON PRESTON
666 F 1ST ST
MIAMI BCH FL 33141**

2. Principal Place of Business

3. Mailing Address

7800 Red Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 210

City & State

City & State

South Miami, Florida

Zip

Country

Zip

Country

33143

USA

4. FEI Number **65-0640276**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NUDELMAN, CAROL
G/O GERSON, PRESTON, & G, P.A.
666 71ST STREET
MIAMI BEACH FL 33141**

**7800 Red Road
Suite 210
South Miami, FL 33143**

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

SIGNATURE **Carol Nuelman** president

(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROL NUDELMAN 7800 RED ROAD SUITE 210 SOUTH MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Signature Required**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 **305.669-4550**
Date Daytime Phone #

CR2E034 (10/02)