

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040190

1. Entity Name

DELRAY BEACH HYPNOSIS CENTER, INC.

FILED

01 JUL 11 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 E. LINTON BLVD. #124B
DELRAY BEACH FL 33483

Mailing Address
100 E. LINTON BLVD. #124B
DELRAY BEACH FL 33483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0751805

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORDES, IRVIN
431 FLANDERS I
DELRAY BEACH FL 33484

Name

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

400004488824--2

-07/23/01--01014--001

City

****150.00L ****150.00

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
PVST
MORDES, IRVIN MR
431 FLANDERS I
DELRAY BEACH FL 33484 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/01

1-561-276-3993

Daytime Phone #

CR2E034 (5/01)

Attachments

Delray Beach Hypnosis Center
100 East Linton Blvd. Suite #124B
Delray Beach, FL 33403

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Division of Corporations
Uniform Business Report Filings
Box 1500
Tallahassee, FL 32302-1500

July 7, 2001

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To Whom it may concern:

I spoke to Steve at the Dept. of State (850-488-9000) in Tallahassee on Friday August 6th with reference to filing the Uniform Business Report.

Below find list of payments made to the Dept. of State for the past three years in the sum of \$150.00 per year which we paid prior to the due date!

4/16/98 - 4/12/99 - 3/23/2000

As we have no record of receiving the previous form requesting payment in the sum of \$150.00, I am enclosing a check in that amount and hope that we will not have a penalty.

We just received the form this past week.

Thanking you in advance, Sincerely,

Irvin Mordes
Delray Beach Hypnosis Center

Encl - Tax Report
check