

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90017 019 \*\*\*150.00

**DOCUMENT # P97000082657**

1. Entity Name

**KAREN E. ENGBRETSSEN-LARASH, PSY.D., P.A.**

Principal Place of Business

Mailing Address

~~15 SOUTHEAST 8TH AVENUE~~  
~~7 LAUDERDALE FL 33301~~

**3528 SOUTHWOOD COURT**  
**DAVIE FL 33328-6963**

2. Principal Place of Business

3. Mailing Address

**4800 S.W. 64th Ave Ste 105E**  
 Suite, Apt. #, etc.  
**105E**

Suite, Apt. #, etc.

City & State  
**Davie FL**

City & State

Zip  
**FL**

Country  
**Broward**

Zip  
**33314**

Country  
**USA**

4. FEI Number  
**65-0782748**

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

**HOLLAND, JANICE B**  
**2844 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33065**

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, 2000 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**  
**ENGBRETSSEN-LARASH, KAREN E**  
**3528 SOUTHWOOD COURT**  
**DAVIE FL 33328**

☐ Delete

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/28/00 954-779-2855**

CR2E034 (9/99)