

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082657

1. Entity Name

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

Principal Place of Business

15 SOUTHEAST 9TH AVENUE  
FT. LAUDERDALE FL 33301

Mailing Address

3528 SOUTHWOOD COURT  
DAVIE FL 33328

2. Principal Place of Business

3325 S. University Dr

3. Mailing Address

Suite, Apt. #, etc.

106

City & State  
Davie, Florida

City & State

Zip  
33328-2000

Country  
USA

Zip

Country

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

HOLLAND, JANICE B  
2844 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name  
Karen E. Engbretsen-Larash  
Street Address (P.O. Box Number is Not Acceptable)  
3325 S. University Dr, Ste 106

City  
Davie

FL

Zip Code  
33328-2000

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  
*Karen E. Engbretsen-Larash*

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGBRETSSEN-LARASH, KAREN E 3528 SOUTHWOOD COURT DAVIE FL 33328	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 687, 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:

*Karen E. Engbretsen-Larash*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/01 954-279-2855

Daytime Phone #

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90163 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)