

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 28, 2002 8:00 am
Secretary of State

03-25-2002 90099 023 ***150.00

DOCUMENT # P97000082657

1. Entity Name

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

Principal Place of Business

**3325 SOUTH UNIVERSITY DRIVE SUITE 106
FORT LAUDERDALE FL 33328-2020**

Mailing Address

**3528 SOUTHWOOD COURT
DAVIE FL 33328**

2. Principal Place of Business

1133 S. University Dr

Suite, Apt. #, etc.

206

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33324-3308

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

**ENGBRETSSEN-LARASH, KAREN E.
3325 SOUTH UNIVERSITY DRIVE SUITE 106
FORT LAUDERDALE FL 33328-2020**

7. Name and Address of New Registered Agent

Name **Karen E. Engbretsen-Larash**

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

1133 S. University Dr

Suite 206

City **Plantation**

FL

Zip Code

33324-3308

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

4/15/02

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, 2002 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 **D** ☐ Delete
NAME **ENGBRETSSEN-LARASH, KAREN E**
STREET ADDRESS **3528 SOUTHWOOD COURT**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.** ☒ Change ☐ Addition
NAME **Karen E Engbretsen-Larash**
STREET ADDRESS **3528 Southwood Court**
CITY-ST-ZIP **DAVIE, FL 33328**

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

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

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

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)