

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001088

1. Entity Name

ALAN L. BRAUNSTEIN, PH.D., P.A.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90029 020 ***150.00

Principal Place of Business

Mailing Address

7777 N. UNIVERSITY DRIVE
SUITE 101
TAMARAC, FL 33321

7777 N. UNIVERSITY DRIVE
SUITE 101
TAMARAC FL 33321-6106

2. Principal Place of Business

3. Mailing Address

7707 N. UNIVERSITY
Suite, Apt. # etc.
Suite 207 Drive

7707 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.
Suite 207

City & State
TAMARAC FL

City & State
TAMARAC FL

Zip
33321 Country
USA

Zip
33321 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0803973

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

BRAUNSTEIN, ALAN L. PH.D.
7777 NORTH UNIVERSITY DRIVE
SUITE 101
TAMARAC FL 33321

Name BRAUNSTEIN ALAN L. PH.D.
Street Address (P.O. Box Number is Not Acceptable)
7707 N. UNIVERSITY DRIVE
Suite 207
City TAMARAC FL Zip Code 33321

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 Alan L. Braunstein, Ph.D.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/16/00

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 BRAUNSTEIN, ALAN L. PH.D. 7777 N. UNIVERSITY DR, SUITE 101 TAMARAC FL 33321	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7707 N. UNIVERSITY DR, SUITE 207
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

ALAN L. BRAUNSTEIN, PH.D., P.A.
LICENSED PSYCHOLOGIST
7707 N. University Drive
Suite 207 / 208
Tamarac, Florida 33321

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)