

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001088

1. Entity Name
ALAN L. BRAUNSTEIN, PH.D., P.A.

Principal Place of Business Mailing Address
7707 N. UNIVERSITY DR. 7707 N. UNIVERSITY DR.
SUITE 207 SUITE 207
TAMARAC FL 33321 TAMARAC FL 33321

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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.
7707 N. UNIVERSITY DR.
SUITE 207
TAMARAC FL 33321

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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(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, Part I, 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: Alan L. Braunstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

(954) 718-8220
Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90010 044 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)