

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90318 015 \*\*\*150.00

0068400 AV

**DOCUMENT # P98000027017**

1. Entity Name

LAURA A. WEBER MENTAL HEALTH ASSOCIATES, P.A.



Principal Place of Business

2413 NE 11TH AVE  
WILTON MANORS FL 33305  
US

Mailing Address

2413 NE 11TH AVE  
WILTON MANORS FL 33305  
US

2. Principal Place of Business

1948 EAST SUNRISE BLVD

3. Mailing Address

1948 EAST SUNRISE BLVD

Suite, Apt. #, etc.

STE 8

Suite, Apt. #, etc.

STE 8

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

Zip  
33304

Country  
USA

Zip  
33304

Country  
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0841342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEBER, LAURA A  
2612 N.E. 21ST TERRACE  
SUITE B  
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, LAURA A 2612 N.E. 21ST TERRACE, SUITE B FORT LAUDERDALE FL 33306	<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

11. 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature* REQUIRED LAURA A. WEBER 9/1/03 868 4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

10/11/314  
# P98000027017

**Laura A. Weber, M.S., LMHC**

September 1, 2003

To whom it may concern:

Enclosed please find the completed 2003 Uniform Business Report for  
Laura A. Weber Mental Health Associates, P.A.

Since my address change during the spring, several pieces of mail have  
been "lost" en route to my office. Unfortunately, the original application  
for the UBR seems to be one of them.

I am enclosing the original \$150.00 filing fee and respectfully request that  
this be accepted without penalty.

Thank you very much for your consideration.

Sincerely,



Laura A. Weber

**Laura A. Weber Mental Health Associates, P.A.  
1948 East Sunrise Boulevard, Suite 8  
Fort Lauderdale, Florida 33304  
(954) 868-4852**