

2000 UNIFORM BUSINESS REPORT (UBR)

6.

FILED

Jul 05, 2000 8:00 am
Secretary of State

06-07-2000 90430 037 ***150.00

DOCUMENT # P99000011659

1. Entity Name

NU-DIMENSIONS IN THERAPY, INC.

Principal Place of Business

**2880 WEST OAKLAND PARK BLVD.
SUITE 208
FORT LAUDERDALE FL 33311**

Mailing Address

**2880 WEST OAKLAND PARK BLVD.
SUITE 208
FORT LAUDERDALE FL 33311-1350**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-089-3785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **NORMAN H. LYONS, SR.**

Street Address (P.O. Box Number is Not Acceptable) **2880 W OAKLAND PARK BLVD**

STE 208

City **FORT LAUDERDALE**

FL

Zip Code **33311**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent, and date 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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KATES, ELIZABETH K ESQ.	
STREET ADDRESS	4411 NORTHWEST TENTH STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33066	
TITLE	P	<input type="checkbox"/> Delete
NAME	LYONS, NORMAN H SR.	
STREET ADDRESS	2880 WEST OAKLAND PARK BLVD., STE. 208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, ROSLYN S	
STREET ADDRESS	2880 WEST OAKLAND PARK BLVD., STE. 208	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/00

Date

(954) 714-9600

Daytime Phone #

CR2E034 (9/99)