

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2002 8:00 am**  
**Secretary of State**

02-03-2002 90001 002 \*\*\*158.75

**DOCUMENT # P99000019608**

**1. Entity Name**  
**PSYCHORESTOLOGY, INC.**

**Principal Place of Business**  
**4501 NORTH STATE ROAD 7**  
**LAUDERDALE LAKES FL 33319**

**Mailing Address**  
**4501 NORTH STATE ROAD 7**  
**LAUDERDALE LAKES FL 33319**

**2. Principal Place of Business**  
**7573 W. OAKLAND PARK BLVD**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**5557 W. OAKLAND PARK BLVD**  
**Suite, Apt. #, etc.**

**City & State**  
**Lauderhill FL**  
**Zip**  
**33319**  
**Country**  
**U.S.A**

**City & State**  
**Lauderhill FL**  
**Zip**  
**33313**  
**Country**  
**U.S.A**

**4. FEI Number** **65-1009402** **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FABRE, GEORGE DR**  
**4501 NORTH STATE ROAD 7**  
**LAUDERDALE LAKES FL 33319**

**7. Name and Address of New Registered Agent**  
**Name** **Dr. George FABRE, Sr.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5557 W. OAKLAND PARK BLVD #250**  
**City** **Lauderhill** **FL** **Zip Code** **33313**

**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**  **Signature, typed or printed name of registered agent and title 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 (\$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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FABRE, GEORGE DR</b>	
STREET ADDRESS	<b>4501 NORTH STATE ROAD 7</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FABRE, YOLETTE</b>	
STREET ADDRESS	<b>4501 NORTH STATE ROAD 7</b>	
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>	
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
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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**

**1/17/2002** **(954) 735-8051**  
**Date** **Daytime Phone #**

CR2E034 (9/01)