

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000044379

1. Entity Name

WESTON CENTER FOR PSYCHOLOGICAL SERVICES INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90321 015 ***150.00

Principal Place of Business

644 STANTON DRIVE
WESTON FL 33326

Mailing Address

644 STANTON DRIVE
WESTON FL 33326

LUUJ1U00

2. Principal Place of Business

2300 N Commerce Parkway

3. Mailing Address

SAME

Suite, Apt. #, etc.

315

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

Broward

Zip

33326

Country

USA

4. FEI Number

65-0957064

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

SAFFA-BILLER, DALIA E
644 STANTON DRIVE
WESTON FL 33326

Name

SAME

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

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 IS \$150.00
After MAY 1, 2001 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
SAFFA-BILLER, DALIA E
644 STANTON DRIVE
WESTON FL 33326

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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, 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 (10/00)