

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072394

1. Entity Name  
PSYCHSOURCE CORP.

Principal Place of Business  
1380 MIAMI GARDENS DRIVE #165B  
MIAMI FL 33179

Mailing Address  
1380 MIAMI GARDENS DRIVE #165B  
MIAMI FL 33179

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 65-0944585

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

MUSSMAN, JAY D  
5881 N.W. 151 ST  
#101  
MIAMI LAKES FL 33014

Name Beryl Lougachi  
Street Address (P.O. Box Number is Not Acceptable)  
1380 MIAMI GARDENS DRIVE  
Ste 165 B  
City Miami FL Zip Code 33179

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 *Beryl Lougachi* Beryl Lougachi DATE 4/11/01  
(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, 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 D ☐ Delete  
NAME LOUGACHI, BERYL  
STREET ADDRESS 1380 MIAMI GARDENS DRIVE #165B  
CITY-ST-ZIP MIAMI FL 33179

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

TITLE D ☐ Delete  
NAME KLEINMAN, AMY  
STREET ADDRESS 1380 MIAMI GARDENS DRIVE #165B  
CITY-ST-ZIP MIAMI FL 33179

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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: *Beryl Lougachi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beryl Lougachi 4/11/01  
Date (305) 940-8182 Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90155 047 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)