

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90151 009 ***150.00

DOCUMENT # S36813

1. Entity Name
JEFFREY F. SPAR, PH.D., P.A.

Principal Place of Business

**9485 SW 72 ST (SUNSET DR)
A-222
MIAMI FL 33173
US**

Mailing Address

**9485 SW 72 ST (SUNSET DR)
A-222
MIAMI FL 33173
US**

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 **65-0247819**

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

**SPAR, JEFFREY F.
9485 S W 72 ST
A222
MIAMI FL 33173**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **SPAR, JEFFREY F.**
STREET ADDRESS **11285 SW 92 PLACE**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: x *Jeffrey F. Spar* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)

x 9.9.02 x

279-0007

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

S36813

125792

JEFFREY F. SPAR, PH.D., P.A.

PSYCHOTHERAPY AND CORPORATE CONSULTING

SUITE A-222
9485 SUNSET DRIVE
MIAMI, FLORIDA 33173
(305) 279-0007 EXT. 201

September 3, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Jeffrey F. Spar, PH.D., P.A.
Document # S36813

Dear Sir,

Kindly accept the enclosed form (Uniform Business Report – 2002) and the accompanying \$ 150. check as payment for my filing fee. I did not receive any prior forms or communication regarding this form for the year 2002, and have always filed this form on a current basis for all previous years.

Thank you for your assistance in this matter.

Sincerely,

Jeffrey F. Spar
Jeffrey Spar