

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90005 049 ***150.00

DOCUMENT # P96000012758

1. Entity Name

EFARO BEHAVIORAL HEALTHCARE CENTER, INC.

Principal Place of Business

~~160 N.W. 176TH STREET
 SUITE 305
 MIAMI FL 33169
 US~~

Mailing Address

1820 N.W. 172ND TERRACE
 MIAMI FL 33056-4834
 US

2. Principal Place of Business

Not Any

3. Mailing Address

1820 NW 172 Terr.

Suite, Apt. #, etc.

OPA-LOCKA E.L.

Suite, Apt. #, etc.

City & State

OPA-LOCKA FL.

4. FEI Number

65-0659941

Applied For

Not Applicable

Zip

Country

Zip

Country

33056

MIAMI Dade

33056

MIAMI Dade

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

**LATIMORE, EMANUEL
 1820 NW 172ND TERRACE
 MIAMI FL 33056
 OPA-LOCKA FL.**

Name

EMANUEL LATIMORE

Street Address (P.O. Box Number is Not Acceptable)

1820 N.W. 172 Terr.

City

OPA-LOCKA

FL

Zip Code

33056

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

Emanuel Latimore

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** Delete
 NAME **LATIMORE, EMANUEL**
 STREET ADDRESS **1820 NW 172ND TERR**
 CITY-ST-ZIP **MIAMI FL E.L. FL.**

TITLE **EMANUEL LATIMORE** Change Addition
 NAME
 STREET ADDRESS **1820 NW 172 Terr**
 CITY-ST-ZIP **OPA-LOCKA FL. 33056**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

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:

Emanuel Latimore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 624-0711

4-12-2000