

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90193 026 \*\*\*158.75

**DOCUMENT # P96000012758**

1. Entity Name  
**EFARO BEHAVIORAL HEALTHCARE CENTER, INC.**

Principal Place of Business <b>160 N.W. 176TH STREET          SUITE 305          MIAMI FL 33169          US</b>	Mailing Address <b>1820 N.W. 172ND TERRACE          OPA LOCKA FL 33056          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>PO BOX 695529</b> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State	3. Mailing Address <b>PO Box 695529</b> Suite, Apt. #, etc. <b>MIAMI FL</b> City & State
Zip <b>33269</b>	Country <b>MIAMI DADE</b>

4. FEI Number <b>65-0659941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**LATIMORE, EMANUEL  
 1820 NW 172ND TERRACE  
 OPA LOCKA FL 33056**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO LATIMORE, EMANUEL 1820 NW 172ND TERR OPA LOCKA FL 33056</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 DATE: MAY 01-01 DAYTIME PHONE #: (305) 624-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)