

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709972

1. Entity Name

MENTAL HEALTH ASSOCIATION OF DADE COUNTY, INC.

(R)

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90010 049 \*\*\*\*70.00

Principal Place of Business

227 N.E. 17TH STREET  
MIAMI FL 33132-1231

Mailing Address

227 N.E. 17TH STREET  
MIAMI FL 33132-1231

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

59-0637877

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

**BRAVO, JAMIE**  
**227 N.E. 17TH ST**  
**MIAMI FL 33132**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ ~~DE~~ ☐ Delete  
NAME **COHAN, EVELYN MSW**  
STREET ADDRESS **2127 BRICKELL AVENUE, SUITE 3501**  
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☒ ~~C~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ ~~DE~~ ☐ Delete  
NAME **ATKINS, WILLIAM**  
STREET ADDRESS **395 NW 1 ST., SUITE 203**  
CITY-ST-ZIP **MIAMI FL 33128**

TITLE ☒ ~~D~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ~~D~~ ☐ Delete  
NAME **GIBSON, THELMA V**  
STREET ADDRESS **3661 FRANKLIN AVENUE**  
CITY-ST-ZIP **MIAMI FL 33133**

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

TITLE ☐ ~~D~~ ☐ Delete  
NAME **DIAZ, EDUARDO I PH.D**  
STREET ADDRESS **13625 SW 82ND CT.**  
CITY-ST-ZIP **MIAMI FL 33158**

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

TITLE ☒ ~~DE~~ ☐ Delete  
NAME **BENAVIDES, ALBERTO O**  
STREET ADDRESS **PO BOX 55-7022**  
CITY-ST-ZIP **MIAMI FL 33255-7022**

TITLE ☒ ~~VC~~ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ ~~D~~ ☐ Delete  
NAME **GOODWIN, JEFFREY**  
STREET ADDRESS **9143 SW 77TH AVE. #B102**  
CITY-ST-ZIP **MIAMI FL 33156**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Evelyn Cohan, Chairperson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Evelyn Cohan*

8-3-00 305-379-2673

Date

Daytime Phone #

CR2E037 (5/00)

Attachment  
DH-709972  
OW78078

S

Nancy Ellen Titus  
5765 SW 77 Terr.  
Miami, FL 33143

T

James Black  
5900 SW 73 St., # 101  
Miami, 33143

D

Helena McGuire  
1340 SE 11<sup>th</sup> Pl.  
Homestead, FL 33035

D

Danielle Romer  
10374 SW 208 Terr  
Miami, FL 33189

D

Larry Hawkins  
7240 SW 39 Terr.  
Miami, FL 33155

D

David Blyer  
111 Park Center Blvd.  
Miami, FL 33169

D

Ana Mederos  
Cedars Medical Center  
1400 NW 12 Ave.  
Miami, FL 33136

D

Rosie Gordon-Wallace  
561 NW 32 St.  
Miami, FL 33127

D

Oscar Rivero  
2601 S. Bayshore Dr., #1600  
Miami, FL 33133

Attachment  
DA 709972  
DW 78078

D

Denise Sydnor  
Carlos Albizu University  
2173 NW 99 Ave.  
Miami, FL 33172

D

Ester Vilatoba  
338 Majorca Ave., #4  
Coral Gables, FL 44134

D

Daniel Hanrahan  
Royal Caribbean Cruise Lines  
1050 Caribbean Way  
Miami, FL 33132

D

Mitchell E. Sergermeister  
American Airlines  
PO Box 997990 MD 4000  
Miami, FL 33299