

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 741133**

1. Entity Name

MIAMI BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business

**3850 W FLAGLER ST
MIAMI FL 33134
US**

Mailing Address

**3850 W FLAGLER ST
MIAMI FL 33134
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

59-178777

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WARYAS, EDWARD J
20340 NE 12TH CT
N MIAMI BCH FL 33179**

7. Name and Address of New Registered Agent

Name **Olivia T. Martinez**Street Address (P.O. Box Number is Not Acceptable)
3850 West Flagler StreetCity **Miami****FL**Zip Code
33134

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.

Olivia T. Martinez, CEO

(NOTE: Registered Agent signature required when reinstating)

July 6, 2001

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAEFFER, JOAN L 5240 SW 88TH CT. MIAMI FL 33165	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MOSS, MICHAEL A 8601 NW 193 TERRACE MIAMI FL 33015	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, CARMEN L 1810 SW 92ND AVENUE MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHLOSS-BIRKHOIZ, GISELA 8901 SW 110TH AVENUE MIAMI FL 33165	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, MANUEL W 11220 SW 93 STREET MIAMI FL 33165	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Moss, Michael A. (D) 8601 NW 193rd Terrace Miami, FL 33015	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Grau, Celida (D) 398 East 56th St Hialeah, FL 33013	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer at Large Leon, Carmen L. (D) 1810 SW 92nd Ave. Miami, FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Schloss-Birkholz, Gisela (D) 8901 SW 110th Ave. Miami, FL 33165	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sokolow, Carol (D) 10241 SW 142nd Street Miami, FL 33176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 AM 5:28

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)