

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90414 010 \*\*\*\*70.00

**DOCUMENT # 742508**

1. Entity Name

**DOUGLAS GARDENS COMMUNITY MENTAL HEALTH CENTER OF MIAMI BEACH, INC.**



Principal Place of Business

**701 LINCOLN RD., SECOND FLOOR  
MIAMI BEACH FL 33139**

Mailing Address

**701 LINCOLN RD., SECOND FLOOR  
MIAMI BEACH FL 33139**

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 **59-1923396**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BRADY, DANIEL  
701 LINCOLN ROAD, SECOND FLOOR  
MIAMI BEACH FL 33139**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ADAMS, MICHELLE</b>	
STREET ADDRESS	<b>1507 NE 105TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI SHORES FL 33138</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ, REGINA</b>	
STREET ADDRESS	<b>4410 ALTON RD</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33140</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>FEINSTEIN, BRETT</b>	
STREET ADDRESS	<b>6525 SW 55TH LANE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> Delete
NAME	<b>BRADY, DANIEL</b>	
STREET ADDRESS	<b>701 LINCOLN ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33139</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>STEIN, GEORGE</b>	
STREET ADDRESS	<b>9511 COLLINS AVE 508</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gert Arfa</b>	
STREET ADDRESS	<b>4925 Collins Avenue</b>	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brady, Daniel</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

CR2E037 (10/02)