

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M44843

1. Entity Name

PARENT CHILD BEHAVIOR CLINIC, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90051 009 ***150.00

Principal Place of Business

Mailing Address

C/O BENJAMIN ISOM
1001 N.W. 54 ST.
MIAMI FL 33127

C/O BENJAMIN ISOM
1001 N.W. 54 ST.
MIAMI FL 33127-1847

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

65-0036025

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

ISOM, BENJAMIN
111 NW 183 ST.
STE. 502
MIAMI FL 33127

Name

JAMILLA MAKIA ISOM

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

1001 NW 54 ST STE C

MIAMI, FL 33127

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

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

Jamilla Isom

(NOTE: Registered Agent signature required when reinstating)

4-24-00

DATE

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, 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 D ☒ Delete
NAME ISOM, BENJAMIN
STREET ADDRESS 1001 N.W. 54 ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE Jamilla Isom ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 NW 54 ST STE C
CITY-ST-ZIP MIAMI, FL 33127

TITLE S ☐ Delete
NAME ISOM, JAMILLA
STREET ADDRESS 1001 NW 54 ST.
CITY-ST-ZIP MIAMI FL 33127

TITLE DARRI EVANS ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 NW 54 ST STE C
CITY-ST-ZIP MIAMI, FL 33127

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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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

Jamilla Isom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

Daytime Phone #

CR2E034 (9/99)