

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002749

1. Entity Name

HERMA BEHAVIORAL CENTER, INC.

Principal Place of Business

Mailing Address

5775 S.W. 8TH STREET  
MIAMI FL 33144

5775 S.W. 8TH STREET  
MIAMI FL 33144

(Change of Address)

2. Principal Place of Business

8335 S.W. 40 St.

3. Mailing Address

8335 SW 40 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

Zip  
33155

Country  
D.S.A.

Zip  
33155

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEE (Number) \$ 65-1001999

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

HERNANDEZ, MARIA M  
6750 S.W. 39TH TERRACE  
MIAMI FL 33155

Name  
same

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

800004703778-5

-12704701-01035-005

\*\*\*236.25 \*\*\*236.25

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

*Maria M. Hernandez*

9/27/01

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR 2011A Del Pozzo 12125 SW 99 Ct Miami FL 33176	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Lee Ghezzi 1911 NW 182 St. Pembroke Pines FL 33029	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alfredo S. Martinez 6725 SW 39th Mia FL 33155	<input checked="" 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	TREASURER/DIRECTOR Miriam J. Collazo 16431 Stone Heaven Rd. Miami Lakes, FL 33014	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Daniel Cedent P.O. Box 220831 Hollywood, Florida 33022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA M. Hernandez, Pres. 6750 SW 39th Director Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director MAGDA Hernandez 6735 SW 39th Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arturo Hernandez, Director 6735 SW 39th Mia FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Armando Hernandez, Director 6735 SW 39th Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 employed.

SIGNATURE:

*Maria M. Hernandez*

9/27/01

(305) 297-5495

CR2E037 (5/01)