

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90067 023 ****70.00

DOCUMENT # N46476
 1. Entity Name
MIAMI DADE COMMUNITY MENTAL HEALTH CENTER, INC.

Principal Place of Business 11880 BIRD ROAD SUITE #101 MIAMI FL 33175 US	Mailing Address 11880 BIRD ROAD SUITE #101 MIAMI FL 33175-3573 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7815 Coral Way Suite, Apt. #, etc. 107 City & State Miami Zip FL Country 33155	3. Mailing Address 7815 Coral Way Suite, Apt. #, etc. # 107 City & State Miami Zip FL Country 33155
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4. FEI Number 59-3100307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUBIDO, Pelayo O
 11880 BIRD ROAD
 SUITE #101
 MIAMI FL 33175

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.
 SIGNATURE: *Pelayo O Rubido, President (CEO)* DATE: 2/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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	CEOD RUBIDO, Pelayo O <input type="checkbox"/> Delete 11880 BIRD ROAD MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAZQUEZ, CARMEN <input type="checkbox"/> Delete 11880 BIRD ROAD MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, REYSELDA <input type="checkbox"/> Delete 11880 BIRD ROAD MIAMI FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 empowered.

SIGNATURE: *Pelayo O Rubido, President (CEO)* DATE: 2/15/00 205 (261-8010)
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)