

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90133 046 \*\*\*\*61.25

0024670

**DOCUMENT # N46476**

1. Entity Name

**MIAMI DADE COMMUNITY MENTAL HEALTH CENTER, INC.**

Principal Place of Business

Mailing Address

7815 CORAL WAY  
 #107  
 MIAMI FL 33155  
 US

7815 CORAL WAY  
 #107  
 MIAMI FL 33155  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3100307**

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

**RUBIDO, PELAYO O**  
**11880 BIRD ROAD**  
**SUITE #101**  
**MIAMI FL 33175**

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

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO**  
**RUBIDO, PELAYO O**  
**11880 BIRD ROAD**  
**MIAMI FL 33175**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CEO**  
**Rubido Pelayo O.**  
**11880 Coral Way #107**  
**Miami, FL 33175**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**VAZQUEZ, CARMEN**  
**11880 BIRD ROAD**  
**MIAMI FL 33175**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**Vazquez Carmen**  
**11880 Coral Way #107**  
**Miami, FL 33176**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**VAZQUEZ, REYSELDA**  
**11880 BIRD ROAD**  
**MIAMI FL 33175**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**Vazquez REYSELDA**  
**11880 Coral Way #107**  
**Miami, FL 33175**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)