

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003949

1. Entity Name
LAS BRISAS COMMUNITY MENTAL HEALTH CENTER, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90055 023 ****61.25

Principal Place of Business Mailing Address
9965-7 SW 142 AVENUE 9965-7 SW 142 AVENUE
MIAMI FL 33186 MIAMI FL 33186
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0602052 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COHEN, ELEANOR
11645 S.W. 90TH TERRACE
MIAMI FL 33176

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 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 13, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COHEN, ELEANOR 11645 S.W. 90TH TERRACE MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete COHEN, SCOTT 11645 S.W. 90TH TERRACE MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MARSHALL, LOIS DR 15146 SW 108 TERRACE MIAMI FL 33196
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

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
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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 or without other like empowered.

SIGNATURE: Eleanor Cohen **ELEANOR COHEN** 8/9/00 305-386-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)