

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90942 043 \*\*\*\*70.00

**DOCUMENT # N97000004457**

1. Entity Name

**CENTER FOR HUMAN DEVELOPMENT AND COUNSELING, INC**



Principal Place of Business

**16831 NE 6 AVEVE  
NORTH MIAMI BEACH FL 33162-2408**

Mailing Address

**16831 NE 6 AVEVE  
NORTH MIAMI BEACH FL 33162-2408**

2. Principal Place of Business

**8051 NW 36 STREET**

3. Mailing Address

**9950 NW 51 LANE**

Suite, Apt. #, etc.

**Suite 611**

Suite, Apt. #, etc.

**N/A**

City & State

**MIAMI FL**

City & State

**MIAMI - FL**

Zip

**33166**

Country

**USA**

Zip

**33178**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-1003269**

☒ Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HENSHAW, HARRY ED.D.  
16831 NE 6 AVEVE  
NORTH MIAMI BEACH FL 33162-2408**

7. Name and Address of New Registered Agent

Name **CATALINA ALVAREZ - LMFT**

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

**8051 NW 36 STREET**

**Suite 611**

City

**MIAMI**

**FL**

Zip Code

**33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CATALINA ALVAREZ - LMFT**

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

(NOTE: Registered Agent signature required when reinstating)

**2-18-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **HENSHAW, HARRY ED.D.**  
STREET ADDRESS **16831 NE 6 AVEVE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162-2408**

TITLE **D** ☒ Delete  
NAME **ALVAREZ, CATHY**  
STREET ADDRESS **16831 NE 6 AVEVE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162-2408**

TITLE **D** ☒ Delete  
NAME **SLAVIN, LORIE**  
STREET ADDRESS **16831 NE 6 AVEVE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162-2408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

~~OFF D~~ ☐ Change ☒ Addition  
NAME **LAZARO LOPEZ**  
STREET ADDRESS **8051 NW 36 STREET Suite 611**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PD** ☒ Change ☐ Addition  
NAME **ALVAREZ, CATHY**  
STREET ADDRESS **8051 NW 36 STREET Suite 611**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Change ☒ Addition  
NAME **MALUJE MARIO**  
STREET ADDRESS **8051 NW 36 STREET Suite 611**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **V** ☐ Change ☒ Addition  
NAME **GIJOANNA DE LEON**  
STREET ADDRESS **8051 NW 36 STREET Suite 611**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☐ Change ☒ Addition  
NAME **ERNESTO TANU MD**  
STREET ADDRESS **8051 NW 36 STREET Suite 611**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (10/02)

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:

**SIGNATURES REQUIRED**

**CATALINA (CATHY) ALVAREZ / 2-18-2003**