

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000470

1. Entity Name

BEHAVIORAL HEALTH NETWORK, INC.

Principal Place of Business

11936 SW 8TH ST  
MIAMI FL 33184

Mailing Address

8350 NW 52ND TERR  
SUITE 100  
MIAMI FL 33166-7706

2. Principal Place of Business

4941 SW 74th CT.

3. Mailing Address

4941 SW 74th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0812070

Applied For

Not Applicable

Zip

33155

Country

DADE

Zip

33155

Country

DADE

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

6. Name and Address of Current Registered Agent

MARKO, DE LA O  
3001 SW THIRD AVENUE  
HISTORIC CORAL WAY  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name: AIDA SALAZAR  
Street Address (P.O. Box Number is Not Acceptable)  
4941 SW 74th CT.

City: Miami

FL

Zip Code: 33155

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

3-10-2000

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	D	<input type="checkbox"/> Delete
NAME	SALAZAR, AIDA	
STREET ADDRESS	11936 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	T	<input type="checkbox"/> Delete
NAME	SALAZAR, NELSON	
STREET ADDRESS	11936 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	LISSETTE, SPLAZAR SALAZAR	
STREET ADDRESS	11936 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4941 SW 74th CT.
CITY-ST-ZIP	Miami FL 33155
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4941 SW 74th CT
CITY-ST-ZIP	Miami FL 33155
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisette Salazar
STREET ADDRESS	4941 SW 74th CT
CITY-ST-ZIP	Miami FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

3-10-2000

Date

305-668-4576

Daytime Phone #

FILED  
Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90109 013 \*\*\*\*70.00

CU038138



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)