2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005466

1. Entity Name: National Behavioral Center, Inc

FILED
SECRETARY OF STATE
04-20-2000 90019 039 ****61.25
00 MAY 11 AM 10:07

Principal Place of Business	Mailing Address
	6775 NW 169 St #C Miami Lakes FL. 33015.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6775 NW 169 St.	
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.
City & State: Miami Lakes	City & State: Fla.
Zip: 33015 Country: Dade	Zip: Country:

4. FEI Number: 65-0760555 ☐ 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
	Name: MARTA MONTES
	Street Address (P.O. Box Number is Not Acceptable): 6775 NW 169 St #C
	City: Miami Lakes FL Zip Code: 33015

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: Marta G Montes 3-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILING FEE: $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 PT NAME STREET ADDRESS CITY-ST-ZIP	PT MARTA MONTES ☐ Delete 6775 NW 169 St #C Miami Lakes FLa 33015	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Miguel Valdes ☐ Change ☐ Addition 10041 Pokeweed Ln Miami Lakes Fla 33016
TITLE SV NAME STREET ADDRESS CITY-ST-ZIP	S Carlos Carmona ☐ Delete 3137 New York Street Miami FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	Jose Montes ☐ Delete 14435 Lake Candlewood Ct Miami Lakes Fla 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Jenny Monta ☐ Delete 14435 Lake Candlewood Ct Miami Lakes Fla 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Norma Valdes ☐ Delete 6775 NW 169 St #C Miami Lakes Fla 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Dr Jose Montes ☐ Delete 1031 SW 78 Place Miami Fla 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: Marta G Montes 3/17/00 305-557-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #