

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90133 001 \*\*\*\*73.75

DOCUMENT # N98000006321

1. Entity Name

OASIS BEHAVIORAL HEALTH CENTER, INC.

Principal Place of Business

Mailing Address

585 SW 22 Avenue  
MIAMI, FLA. 33135

585 SW 22 Ave  
MIAMI, FLA. 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0771415

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FLA. 32301-2525

7. Name and Address of New Registered Agent

Name Sylma M. Millares

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

585 SW 22nd Avenue

City MIAMI

FL

Zip Code

33135

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)

4-20-00

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Rev. Andres PINEIRA  
1940 NW 16 TERR, APT F-216  
MIAMI, FLA. 33125

TITLE NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
MANUEL BACALLAO, MD.  
9000 SW 87 CT. Suite# 3209  
MIAMI, FLA. 33176

TITLE NAME ☒ Delete  
STREET ADDRESS  
CITY-ST-ZIP  
Denise McGill-CLARE, R.N.

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
MARTA MONTES  
6275 NW 169 ST, APT C  
MIAMI LAKES, FLA. 33015

TITLE NAME ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
Sylma M. Millares  
585 SW 22 Avenue  
MIAMI, FLA. 33135

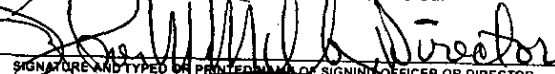
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  Sylma M. Millares Director

4/20/00 (305) 649-0008

Date

Daytime Phone #