

NOT-FOR-PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90060 012 ***150.00

DOCUMENT # N98000006321

1. Entity Name

OASIS BEHAVIORAL HEALTH CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12204 SW 95 STREET

3. Mailing Address

12204 SW 95 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0771415

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

33186

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

~~MILLARES, SYLMA M.~~

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

12204 SW 95 STREET

City

MIAMI

FL

Zip Code

33186

**DO NOT WRITE
IN THIS SPACE**

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)

4/30/02

DATE

FEE IS \$61.25

Initial or Amended UBR

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
D
PINEIRA, ANDRES REV.
STREET ADDRESS
1940 NW 16TH TERRACE #F_46
CITY-ST-ZIP
MIAMI FL 33135

TITLE
NAME
D
MONTES, MARTA
STREET ADDRESS
NW 169TH STREET APT C
CITY-ST-ZIP
MIAMI LAKES FL 33015

TITLE
NAME
D
MILLARES, SYLMA M.
STREET ADDRESS
~~12204 SW 95 STREET~~
CITY-ST-ZIP
MIAMI FL 33186

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/02

Date

(305)271-8509

Daytime Phone

CR2E037B (12/01)