

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90176 012 ****70.00

DOCUMENT # N99000006580

1. Entity Name

NEW VISIONS MENTAL HEALTH OUTREACH, INC.

Principal Place of Business

Mailing Address

2880 WEST OAKLAND PARK BLVD., STE. 206
FT. LAUDERDALE FL 33311

2880 WEST OAKLAND PARK BLVD., STE. 206
FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

550 East Campus Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

4. FEI Number

65-0961416

Applied For

Not Applicable

Zip

Country

Zip

Country

33312

U.S.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, ROSLYN S
2880 WEST OAKLAND PARK BLVD., STE. 206
FT. LAUDERDALE FL 33311

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LYONS, NORMAN SR. 7715 HAMPTON BLVD., UNIT C FT. LAUDERDALE FL 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, K.C. 550 E. CAMPUS CIRCLE FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, MATT 1355 N.W. 129TH TERR. SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPERS, RENEE 4210 N.W. 36TH AVE. LAUDERDALE LAKES FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James L. Bassa Jr. 2100 NW 4th Ave Delray Beach, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. Ramon Ramirez 7421 N. University Dr. Suite 309 Tamarac Fla. 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephanie Bowen 733 NW 5th Street Hallandale Beach Fla 33009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOIS A. JACKSON 2305 NW 195 STREET MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leonardo R. Buchbinder 7421 University Drive Suite 309 Tamarac FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Roslyn Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

954-5819441