

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90363 048 \*\*\*\*66.25

**DOCUMENT # N99000006580**

1. Entity Name

**NEW VISIONS MENTAL HEALTH OUTREACH, INC.**

Principal Place of Business

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

Mailing Address

**550 EASE CAMPUS CIR  
 FORT LAUDERDALE FL 33312**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0961416**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE **V** ☐ Delete  
 NAME **BASSA, JAMES L JR**  
 STREET ADDRESS **102 NW 4TH AVE**  
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **PD** ☐ Delete  
 NAME **ALLEN, K.C.**  
 STREET ADDRESS **550 E. CAMPUS CIRCLE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **D** ☐ Delete  
 NAME **HALL, MATT**  
 STREET ADDRESS **1355 N.W. 129TH TERR.**  
 CITY-ST-ZIP **SUNRISE FL 33323**

TITLE **D** ☒ Delete  
 NAME **BUCHBINDER, LEONARDO R**  
 STREET ADDRESS **2305 NW 195TH ST**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE **D** ☐ Delete  
 NAME **RAMIREZ, RAMON DR**  
 STREET ADDRESS **7421 N UNIVERSITY DR STE 3**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33321**

TITLE **S** ☐ Delete  
 NAME **BOWDEN, STEPHANIE**  
 STREET ADDRESS **733 NW 5TH ST**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **Lois Jackson**  
 STREET ADDRESS **2805 N.W. 195th Street**  
 CITY-ST-ZIP **Miami, FL. 33056**

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

TITLE ☐ Change ☐ 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 REQUIRED Allen 5-3-01 954 584 9442**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)