

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Feb 27, 2001 8:00 am
Secretary of State

01-26-2001 90149 033 ***150.00

DOCUMENT # P00000016276

1. Entity Name

MILLENNIUM BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business

2100 N.E. 197TH TERRACE
N. MIAMI BEACH FL 33179

Mailing Address

2100 N.E. 197TH TERRACE
N. MIAMI BEACH FL 33179

2. Principal Place of Business

11570 Wiles Rd.

Suite, Apt. #, etc.

1

3. Mailing Address

10836 NW 34 Crt

Suite, Apt. #, etc.

City & State

Coral Springs

City & State

Coral Springs

Zip

33066

Country

Broward

Zip

33065

Country

Broward

4. FEI Number

65-0981250

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, DEENA
2100 N E 197TH TERRACE
N. MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name LINDA Potere

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

10836 NW 34 CRT.

City

Coral Springs FL

Zip Code

33065

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

Linda K Potere

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 LINDA Potere
STREET ADDRESS 10836 NW 34 CRT.
CITY-ST-ZIP Coral Springs, FL 33065

☐ Delete

TITLE NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Linda K Potere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2001

Date

(954)

755-1519

Daytime Phone #

CR2E034 (10/00)