

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90115 012 ***150.00

DOCUMENT # P00000102858

1. Entity Name
**MIAMI BEHAVIORAL COMPREHENSIVE
CENTER, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 701 NW 57TH AVENUE Suite, Apt. #, etc. SUITE 370 City & State MIAMI, FLORIDA Zip 33126	3. Mailing Address 701 NW 57TH AVENUE Suite, Apt. #, etc. SUITE 370 City & State MIAMI, FLORIDA Zip 33126
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1054143	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CHEFFY FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable) 150 NW 32 AVENUE
City MIAMI
State FL
Zip 33125

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  **CHEFFY FERNANDEZ** **04/19/02**
Signature: typed or printed name of registered agent and title, applicable. (NOT: 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY - ST - ZIP	PTD FERNANDEZ, CHEFFY 150 NW 32 AVENUE MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:  **CHEFFY FERNANDEZ, PTD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/02 (305) 649-7373

Date Daytime Phone #

CR2E034B (12/01)