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

FILED

03 JAN -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061586

1. Entity Name
CHILDRENS MENTAL HEALTH CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4715 NW 157 TH. ST.		4715 NW 157 TH. ST	
Suite, Apt. #, etc. 107		Suite, Apt. #, etc. 107	
City & State MIAMI, FLORIDA		City & State MIAMI, MIAMI-DADE	
Zip 33014	Country MIAMI-DADE	Zip 33014	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OLUBAJO OSUNSANYA
Street Address (P.O. Box Number is Not Acceptable): 7121 FAIRWAY BLVD
City: MIRAMAR FL Zip Code 33023

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] 12/20/2002
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) ☑

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	P/CEO/S	TITLE	
NAME	OLUBAJO OSUNSANYA	NAME	
STREET ADDRESS	7121 FAIRWAY BLVD	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

500009966815
01/08/03--01071--013 **158.75

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 empowered.

SIGNATURE: [signature] 12/20/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 1/6

Attachment

CMHC

Children' s Mental Health Center, Inc.
Saving and Empowering Our Children!

December 20, 2002.

Director, Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Uniform Business Report, 2002

We have enclosed a copy of Children's Mental Health Center, Inc. Business Report for the Year, 2002.

This was sent late because we never received the form.
Thank you in advance.

Yours truly,

Olubajo Osunsanya

4715 NW 157 TH. Street, Suite 107
Miami, FL 33014
Telephone: 305 - 628 - 1220 Fax: 305 - 627 -5455