

03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # 0010000061586

1. Entity Name

CHILDREN'S MENTAL HEALTH CENTER, INC.

03 JAN -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4715 NW 157 TH. ST.

3. Mailing Address

4715 NW 157 TH. ST.

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

107

City & State

MIAMI, FLORIDA

City & State

MIAMI, MIAMI-DADE

Zip

33014

Country

MIAMI-DADE

Zip

33014

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

OLUBAJO OSUNSAN YA

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

7121 FARWAY 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature requires 1 when reinstating)

DATE

12/20/2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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

P/CEO/S
OLUBAJO OSUNSAN YA
7121 FARWAY BLVD
MIRAMAR, FL 33023

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

TITLE

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CITY- ST- ZIP

DO NOT WRITE
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/2002

CR2E034B (12/01)

9/16

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

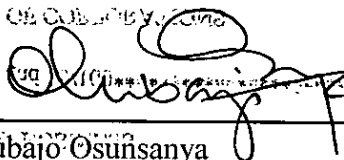
Uniform Business Report, 2002

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,

Division of Corporations


Olubajo Osunsanya