FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000061986

1. Entity Name

Children's Mental Health Center, Inc.

700023992627
10/21/03--01159--007 **158.75

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4715 NW 157 STREET	4715 NW 157 STREET
Suite, Apt. #, etc. SUITE 210	Suite, Apt. #, etc. SUITE 210
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33014 Country	Zip 33023 Country

4. FEI Number 65-1153838 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 9/22/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO OLUBAJO OSUNSANYA 7121 FAIRWAY BLVD, MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY OLUBAJO OSUNSANYA 7121 FAIRWAY BLVD, MIRAMAR, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/22/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jr 10/24

CMHC

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

September 22, 20023

Uniform Business Report
Division of Corporations
P. O. BOX 1500
Tallahassee, FL 32302

Dear Administrator:

2003 For Profit Corporation Uniform Business Report

We have enclosed a copy of the Business Report for our corporation for the year 2003.
We are sending this late because we never received the notice. Also enclosed is the fee of $158.75.

Thank you for your cooperation.

Your Sincerely,

Olubajo Osunsanya
CEO.

4715 NW 157 Th. Street, Suite 210
Miami, FL 33014

Telephone: 305 – 628 –1220
Fax: 305 – 627 – 5455