

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 21 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000061986**

1. Entity Name

Children's Mental Health Center, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4715 NW 157 STREET

3. Mailing Address
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

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

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

03

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

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

(NOTE: Registered Agent signature required when reinstating)

9/22/2003

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
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/22/2003

21 10/24

CR2E034B (12/02)

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:

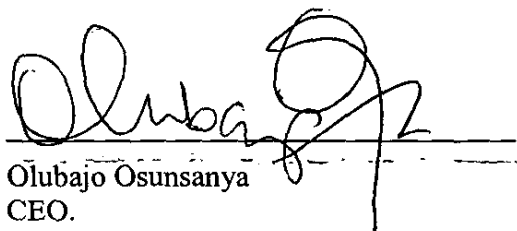
2003 For Profit Corporation Uniform Business Report

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.