

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

\$61.25

FILED

02 JUL 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96 000080950

1. Entity Name

NEW MIAMI COMMUNITY MENTAL
HEALTH CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9095 SW 87TH AVE.

3. Mailing Address

Suite, Apt. #, etc.

501

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

4. FEI Number

65-0697930

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLAUDIA IGLESIAS

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

9095 SW 87TH AVENUE #501

City

MIAMI FLORIDA

FL

Zip Code

33176

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]

Signature of principal name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/14/02

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.D.
NAME	CLAUDIA IGLESIAS
STREET ADDRESS	9095 SW 87TH AVE #501
CITY-ST-ZIP	MIAMI FLORIDA 33176
TITLE	VP, D.
NAME	CHEMEL A. YOUNG
STREET ADDRESS	3507 LOWSON BLVD.
CITY-ST-ZIP	DELICIA BEACH FL-33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/02

DATE

(805) 297 3939

Daytime Phone #

CR2E034B (12/01)