

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90351 032 ***150.00

DOCUMENT # P96000080950

1. Entity Name
RENAISSANCE COMMUNITY MENTAL HEALTH CENTER, INC.



Principal Place of Business
**9095 SW 87 AVE
STE 501
MIAMI FL 33176
US**

Mailing Address
**9095 SW 87 AVE
STE 501
MIAMI FL 33176
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0697930**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**- CLAUDIA, IGLESIAS
9095 SW 87TH AVE
SUITE 501
MIAMI FL 33176**

Name **KENNETH J. DUNN, ESQ.**

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

11575 HERON BAY BLVD #309

City **CORAL SPRINGS**

FL

Zip Code **33076**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **IGLESIAS, CLAUDIA**
STREET ADDRESS **9095 SW 87 AVE STE #501**
CITY-ST-ZIP **MIAMI FL 33176**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DV**
NAME **YOUNG, CHERYL A**
STREET ADDRESS **3507 LOWSON BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03
Date

305-279-3939
Daytime Phone #

CR2E034 (10/02)