

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90064 043 ***150.00

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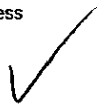
Entity Name

ST. JOSEPH MENTAL HEALTH CENTER OSA/ADC, INC.

Principal Place of Business

Mailing Address

2401 NW 7th ST.
 MIAMI, FL 33125



1. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FIALLO, JULIA E.
 3701 NW FLAGLER TERRACE
 MIAMI, FL 33156

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

Julia Fiallo

JULIA E. FIALLO - R.A.

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.1 NAME STREET ADDRESS CITY-ST-ZIP	DP RAMALLO, VICTOR A. 2401 NW 7 ST MIAMI, FL 33125	☐ Delete	12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11.2 NAME STREET ADDRESS CITY-ST-ZIP	DT FONT, GISELA 2600 NW 4th AVE #20 MIAMI, FL 33126	☐ Delete	12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11.3 NAME STREET ADDRESS CITY-ST-ZIP	DS SERNA, ALINA 318 NW 16 AVE #1 MIAMI, FL 33125	☐ Delete	12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11.4 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11.5 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
11.6 NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Victor Ramallo

VICTOR A. RAMALLO - PRESIDENT 4/28/00 (305) 643-0822