

CERT MAIL 7001-110-0001-6114-621

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93593 009 \*\*\*150.00

DOCUMENT # P99000106244

1. Entity Name

SEIDI INSTITUTE OF MENTAL HEALTH, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7880 W 20TH AVE

3. Mailing Address  
7880 W 20TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HIALEAH FL

City & State  
HIALEAH, FL

4. FEI Number  
65-0987182

Applied For  
Not Applicable

Zip  
33016

Country  
MIAMI-DADE

Zip  
33016

Country  
MIAMI-DADE

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

### 7. Name and Address of Current Registered Agent

Name  
RICARDO HUGO GONZALEZ  
Street Address (P.O. Box Number is Not Acceptable)  
7880 W 20TH AVE

City  
HIALEAH FL Zip Code  
33016

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RICARDO HUGO GONZALEZ 7880 W 20TH AVE HIALEAH FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02