

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 MAR 28 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0021005 SP

**DOCUMENT #** AQ1000000391  
**1. Entity Name**  
 SP FAMILY LTD.

**Principal Place of Business** 2940 N.W. 188TH STREET. #111 AVENTURA FL 33180  
**Mailing Address** 2940 N.W. 188TH STREET. #111 AVENTURA FL 33180



**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
**City & State**  
**Zip** **Country**

**DUE BY MAY 1, 2002**  
**4. FEI Number**  Applied For  Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 COHN, ALAN B ESQ.  
 C/O ABRAMS ANTON P.A.  
 2021 TYLER STREET  
 HOLLYWOOD FL 32320

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**9. Capital Contributions as Shown on record.** \$500.00  
**10. Amount of Capital Contributions in FLORIDA to date.**  
**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	P00000075986
NAME	AVENTURA REHAB, INC.
STREET ADDRESS	2940 N.W. 188TH STREET, #111
CITY-ST-ZIP	AVENTURA FL 33180
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

**14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** *3/25/02* *305-930-0244*  
 Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE