

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90058 030 ***150.00

DOCUMENT # P01000039874

1. Entity Name
INTERACTIVE REHAB SERVICES, INC.

Principal Place of Business

7035 NW 186 ST #D-106
 MIAMI FL 33015

Mailing Address

7035 NW 186 ST #D-106
 MIAMI FL 33015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10341 SW 24 COURT

3. Mailing Address
10341 SW 24 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FLORIDA

City & State
MIRAMAR, FLORIDA

4. FEI Number
65-109.2762

Applied For
 Not Applicable

Zip Country
33025 BROWARD

Zip Country
33025 BROWARD

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

MORA, LUCERO
7035 NW 186 ST #D-106
MIAMI FL 33015

Name
LUCERO MORA

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

10341 SW 24 COURT

City **MIRAMAR** **FL** Zip Code **33025**

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 **LUCERO MORA**

DATE **02/25/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE Delete
PD
 NAME **MORA, LUCERO**
 STREET ADDRESS **7035 NW 186 ST #D-106**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
PD
 NAME **MORA, LUCERO**
 STREET ADDRESS **10341 SW 24 COURT**
 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE Delete
 NAME **VD**
MENDOCA, ADRIANA
 STREET ADDRESS **7035 NW 186 ST #D-106**
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE Change Addition
VD
 NAME **MENDOCA, ADRIANA**
 STREET ADDRESS **10341 SW 24 COURT**
 CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: **LUCERO MORA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **02/25/02** DAYTIME PHONE # **(954) 442 7838**

FILED

CR2E034 (9/01)