

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90541 022 ***150.00

DOCUMENT # 620985

1. Entity Name
REAL ESTATE REHAB CORP.

Principal Place of Business
1375 NE 125TH STREET
N. MIAMI FL 33161

Mailing Address
1375 NE 125TH STREET
N. MIAMI FL 33161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P. O. Box 600932

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

North Miami Beach, Fl.

4. FEI Number

59-1912458

Applied For

Not Applicable

Zip

Country

Zip

Country

33160

Dade

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

MC GEE, RICHARD A
1375 NE 125TH STREET
N. MIAMI FL. FL 33161

Name

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

14930 N.W. 10 Place

City

Miami, FL

FL

Zip Code

33168

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 *Richard McGee* **4/23/02**

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, 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	P	<input type="checkbox"/> Delete
NAME	MC GEE, RICHARD A	
STREET ADDRESS	1375 N.E. 125TH STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	S	<input type="checkbox"/> Delete
NAME	MC GEE, ALICE	
STREET ADDRESS	1375 N.E. 125TH STREET	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14930 N.W. 10 Place
CITY-ST-ZIP	Miami, Fl. 33168
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	14930 N. W. 10 Place
CITY-ST-ZIP	Miami, Fl. 33168
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard McGee* **Richard McGee** **4/23/02** **(305) 796-2747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)