

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** G29272 ✓

**1. Entity Name**  
REHAB PLUS INC.

**Principal Place of Business** Mailing Address  
7600 SW. 8TH STREET  
MIAMI, FL 33144

**2. Principal Place of Business** **3. Mailing Address**  
7600 SW. 8TH STREET  
MIAMI, FL 33144

**4. FEI Number** 59-2272392

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

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90952 034 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
KHALID M. MIRZA

**7. Name and Address of New Registered Agent**  
Name: KHALID M. MIRZA  
Street Address (P.O. Box Number is Not Acceptable): 7600 SW. 8TH STREET.  
City: MIAMI FL Zip Code: 33144

**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]* **DATE** 4.27.2000

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.** ☐ **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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *[Signature]* **DATE** 4.27.2000 **DAYTIME PHONE #** 305-261-9927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)