

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53404

1. Entity Name

REHABILITATION INSTITUTE OF GREATER MIAMI, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90055 012 ***150.00

Principal Place of Business

Mailing Address

C/O ADELE FREUND
400 ARTHUR GODFREY RD 2ND FLOOR
MIAMI FL 33140

C/O ADELE FREUND
400 ARTHUR GODFREY RD 2ND FLOOR
MIAMI FL 33140-3516

2. Principal Place of Business

6431 Pine Tree Drive Circle

3. Mailing Address

6431 Pine Tree Drive Circle

Suite, Apt. #, etc.

Miami Beach, Florida

Suite, Apt. #, etc.

Miami Beach, Florida

City & State
33141

City & State
33141

4. FEI Number **65-0065444**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FREUND, ADELE
400 ARTHUR GODFREY ROAD 2ND FLOOR
MIAMI FL 33140

Name

CHARLES WEISS, MD

Street Address (P.O. Box Number is Not Acceptable)
6431 Pine Tree Drive Circle

Miami Beach, Florida

City

33141

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
WEISS, CHARLES
400 ARTHUR GODFREY RD
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WEISS, TEENA ELLEN
400 ARTHUR GODFREY ROAD
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Charles Weiss, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-05-2000

(305) 867-5401

Date

Daytime Phone #