

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000802

1. Entity Name

NPF REHABILITATION, INC. - FLORIDA

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90087 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1501 N.W. 9TH AVENUE  
BOB HOPE ROAD  
MIAMI FL 33136-9990

1501 N.W. 9TH AVENUE  
BOB HOPE ROAD  
MIAMI FL 33136-1407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0392291

Applied For

Not Applicable

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

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVE.  
28TH FLOOR  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME GELB, MARTIN  
STREET ADDRESS 2801 LAKE AVE SUNSET ISLAND 1  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE D ☐ Delete  
NAME KRAVITZ, HAROLD  
STREET ADDRESS 7600 W 20TH AVE SUITE 223  
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE D ☐ Delete  
NAME SLEWETT, NATHAN  
STREET ADDRESS 1501 NW 9TH AVE BOB HOPE ROAD  
CITY-ST-ZIP MIAMI FL 33136-9990

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

TITLE S ☐ Delete  
NAME ZEMEL, HERBERT  
STREET ADDRESS 4700-B SHERMAN ST  
CITY-ST-ZIP HOLLYWOOD FL 33021

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

TITLE D ☐ Delete  
NAME SLEWETT, ROBERT  
STREET ADDRESS 17071 W. DIXIE HWY  
CITY-ST-ZIP MIAMI BCH FL 33160

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Herbert Zemel*

4/27/00

Date

Daytime Phone #

CR2E037 (9/99)