

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010835

1. Entity Name
NEW APPROACH REHABILITATION SERVICES, INC.

Principal Place of Business
1840 W 49TH ST. SUITE #404
HIALEAH FL 33012

Mailing Address
1840 W 49TH ST. SUITE #404
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORAMAS, ANA V
1840 W 49TH ST, SUITE #404
HIALEAH FL 33012

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.

ANA V. ORAMAS - PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12/1/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D
NAME ORAMAS, ANA V
STREET ADDRESS 6301 N UNIVERSITY DR #217
CITY-ST-ZIP TAMARAC FL 33321

TITLE
NAME
STREET ADDRESS 500004769795-3
CITY-ST-ZIP -01/11/02--01059--019
****758.75 ****758.75

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA V. ORAMAS

Date

Daytime Phone #

APPROVED
AND
FILED

01 DEC 24 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

FEI Number

65-098570

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

CR2E034 (5/01)