

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90415 012 \*\*\*150.00

**DOCUMENT # P00000017165**

1. Entity Name

**NATIONAL REHABILITATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

1385 N.W. 15TH ST.  
 MIAMI FL 33125

Mailing Address

1385 N.W. 15TH ST.  
 MIAMI FL 33125

60023140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3750 W 16 AVE.

Suite, Apt. #, etc.

206

3. Mailing Address

3750 W 16 AVE.

Suite, Apt. #, etc.

206

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0983891

Applied For

Not Applicable

Zip

33012

Country

Zip

33012

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

METSCH, BENJAMIN R  
 1385 N.W. 15TH ST.  
 MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

METSCH, BENJAMIN R.

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

1455 NW 14 ST.

City

MIAMI

FL

Zip Code

33125

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, 2001 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

TITLE PVS  
 NAME GONZALEZ, RIGOBERTO F  
 STREET ADDRESS 1385 N.W. 15TH ST.  
 CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE TD  
 NAME GONZALEZ, RIGOBERTO F  
 STREET ADDRESS 1385 N.W. 15TH ST.  
 CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 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: *Rigoberto Gonzalez*

PRESIDENT

3-1-01

305-822-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0142603