

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90056 020 ***150.00

DOCUMENT # P00000032077

1. Entity Name

WEST REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

5788 S.W. 8TH STREET
 WEST MIAMI FL 33144

5788 S.W. 8TH STREET
 WEST MIAMI FL 33144

Room c

Room c

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0994887

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

GARCIA, RUBEN J
10411 S.W. 142ND COURT
MIAMI FL 33186

Name *Blanca Vazquez*

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

5310 SW 7 ST

miami FL 33134

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

Blanca Vazquez *President*

01-08-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** Delete
 NAME **ARENAS, JESUS**
 STREET ADDRESS **5310 S.W. 7TH STREET**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **PSD** Change Addition
 NAME *Blanca Vazquez*
 STREET ADDRESS *5310 SW 7 ST*
 CITY-ST-ZIP *Miami, FL 33134*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Blanca Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-2001 3054412615

Date

Daytime Phone #

CR2E034 (10/00)