

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000039179

1. Entity Name

ROSA REHABILITATION CENTER, Inc

FILED

04 DEC 13 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6801 NW 77 AVE Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Address

6801 NW 77 AVE

Suite, Apt. #, etc.

#110

City & State

MIAMI, FL

Zip

33166

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1000727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CARIDAD ROSA

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

9703 SW 159 AVE

City

MIAMI

FL

Zip Code

33196

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IN THIS SPACE**

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.

CARIDAD ROSA

(NOTE: Registered Agent signature required when reinstating)

11-24-04

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME CARIDAD TORRES
STREET ADDRESS 6801 NW 77 AVE Suite 110
CITY-ST-ZIP MIAMI FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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200043049922
11/29/04--01078--013 **750.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CARIDAD TORRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/04

Date

Daytime Phone #

CR2E034B (12/01)