

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90257 004 \*\*\*150.00

**DOCUMENT # P00000039179**

1. Entity Name  
**ROSA REHABILITATION CENTER, INC.**



Principal Place of Business  
**8746 S.W. 8TH STREET  
MIAMI FL 33186**

Mailing Address  
**8746 S.W. 8TH STREET  
MIAMI FL 33186**



2. Principal Place of Business

3. Mailing Address

**9303 SW 159 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

**MIAMI**

4. FEI Number **65-1000727**

Applied For

Not Applicable

Zip

Country

Zip

**FL**

Country

**33196**

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

**ROSA, CARIDAD  
8746 S.W. 8TH STREET  
MIAMI FL 33174**

Name **ROSA CARIDAD**

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

**9703 SW 159 AVE**

City **MIAMI**

**FL**

Zip Code **33196**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CARIDAD ROSA**

(NOTE: Registered Agent signature required when reinstating)

**04-26-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing - **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CARIDAD, ROSA**  
STREET ADDRESS **8746 SW 8TH STREET**  
CITY-ST-ZIP **MIAMI FL 33124**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **CARIDAD ROSA**  
STREET ADDRESS **9703 SW 159 AVE**  
CITY-ST-ZIP **MIAMI FL 33196**

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

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

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

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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-03 (786) 236-0985**

Date

Daytime Phone #

CR2E034 (10/02)