

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90060 004 ***158.75

DOCUMENT # P00000056386

1. Entity Name

REHAB COUNSELING CARE INC.

Principal Place of Business

Mailing Address

**920 "A" S.W. 82ND AVE.
 MIAMI FL 33144**

**920 "A" S.W. 82ND AVE.
 MIAMI FL 33144**

2. Principal Place of Business

14261 SW 30 ST

3. Mailing Address

14261 SW 30ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

05-1019133

Applied For

Not Applicable

Zip

33175

Country

MIAMI - DADE

Zip

33175

Country

MIAMI - DADE

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

**BOZA, RAUL
 922 S.W. 82ND AVENUE
 MIAMI FL 33144**

Name

BOZA RAUL

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

14261 SW 30ST

City

MIAMI

FL

Zip Code

33175

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 **RAUL BOZA**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

02/27/01

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 **PD** ☒ Delete
 NAME **ZERON, FREDDY**
 STREET ADDRESS **922 S.W. 82ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE **VD** ☐ Delete
 NAME **BOZA, RAUL**
 STREET ADDRESS **922 S.W. 82ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PD** ☒ Change ☐ Addition
 NAME **BOZA, RAUL**
 STREET ADDRESS **14261 SW 30ST**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL BOZA

02/27/01

Date

(305) 480-4154

Daytime Phone #

CR2E034 (10/00)