

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059053

1. Entity Name

MILLENNIUM REHABILITATION GROUP, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1851 NW 125 AVE

Suite, Apt. #, etc.

280

3. Mailing Address

1851 NW 125 AVENUE

Suite, Apt. #, etc.

280

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

4. FEI Number

65-1037935

Applied For

Not Applicable

Zip

33028

Country

BROWARD

Zip

33028

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
MORT GITELIS

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

16400 ERIE PLACE

City

DAVIE

FL

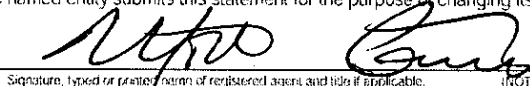
Zip Code

33331

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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.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4.29.02

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MORT GITELIS
16400 ERIE PLACE
DAVIE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
JOAN GITELIS
16400 ERIE PLACE
DAVIE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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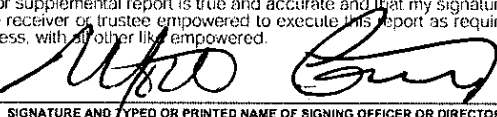
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.29.02

CR2E034B (12/01)