

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90131 002 ***150.00

DOCUMENT # P00000064756

1. Entity Name

GLOBAL REHAB CENTER, INC.

Principal Place of Business

**1001 N. FEDERAL HWY STE 106
 HALLANDALE FL 33009**

Mailing Address

**1001 N. FEDERAL HWY STE 106
 HALLANDALE FL 33009**

2. Principal Place of Business

18160A Collins Ave

Suite, Apt. #, etc.

Sunny Isles, FL

City & State

33160, United States

Zip

Country

3. Mailing Address

18160A Collins Ave

Suite, Apt. #, etc.

Sunny Isles, FL

City & State

33160

Zip

Country

4. FEI Number

65-1022569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAFYANA, GOLDIN

2101 ATLANTIC SHORES BLVD #406

HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

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

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Dr. Michael Goldin, CEO
 2101 Atlantic Shores Blvd #406
 Hallandale, FL 33009**

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

TITLE ☐ Change ☐ Addition
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 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)(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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **Michael Goldin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/15/01 (305) 466-3400

CR20934 (5/01)

Attachment 979249
Dr. # P00000064756

GLOBAL REHAB CENTER INC.

18160-A COLLINS AVENUE
SUNNY ISLES, FL 33160

Telephone: (305) 466-3400
Fax: (305) 466-4636

To whom it may concern:

Original 2001 uniform business report was sent out with a check for \$150 on the week of May 28th. I then received another report stating that my original report and fee were not received. The check #1071 was the original check that I sent out, and I was told by one of your representatives to include that in this letter. Please accept this payment of \$150 as payment in full for the 2001 business report.

Sincerely,


Dr. Michael Goldin