

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069719

1. Entity Name

R C REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

4345 SW 72ND AVE SUITE F
MIAMI FL 33155

4345 SW 72ND AVE SUITE F
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025646

Applied For

Not Applicable

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

RAVENTOS, CARLOS A
4345 SW 72ND AVE SUITE F
MIAMI FL 33155

Name

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

10021 S.W. 40TH ST.

City

MIAMI

FL

Zip Code

33165

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

Carlos A. Raventos

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 \$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 RAVENTOS, CARLOS A
STREET ADDRESS 7390 SW 107TH AVE APT 109
CITY-ST-ZIP MIAMI FL 33173

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

TITLE STD ☒ Delete
NAME RAVENTOS, ROSEMARY
STREET ADDRESS 7390 SW 107TH AVE APT 109
CITY-ST-ZIP MIAMI FL 33173

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Carlos A. Raventos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/2001

Date

305-563-0353

Daytime Phone #

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90007 005 ***150.00

920440



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)