

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90060 019 ***158.75

DOCUMENT # P00000071708

1. Entity Name
CONSOLIDATED THERAPY SERV. INC.

Principal Place of Business

Mailing Address

**920 "A" 82ND AVENUE
MIAMI FL 33144**

**920 "A" 82ND AVENUE
MIAMI FL 33144**

2. Principal Place of Business

2500 SW 107 AVE.

3. Mailing Address

2500 SW 107 AVE.

Suite, Apt. #, etc.

SUITE 47

Suite, Apt. #, etc.

SUITE 47

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-102 8400

Applied For

Not Applicable

Zip

33145

Country

MIAMI - DADE

Zip

33145

Country

MIAMI - DADE

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOZA, ZAIMAR B
920 "A" 82ND AVENUE
MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **BOZA, ZAIMAR B.**

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

2500 SW 107 AVE. SUITE 47

City

MIAMI

FL

Zip Code

33145

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 **ZAIMAR 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

TITLE **PD** ☐ Delete
NAME **BOZA, ZAIMAR B**
STREET ADDRESS **920 "A" 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VD** ☐ Delete
NAME **BOZA, RAUL**
STREET ADDRESS **920 "A" 82ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33144**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: **ZAIMAR BOZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/01

Date

(305) 480 454

Daytime Phone #

CR2E034 (10/00)