

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079691

1. Entity Name

L & E REHABILITATION CENTER, INC.

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90283 006 ***550.00

Principal Place of Business

6024 E. 7TH AVE.
HIALEAH FL 33013

Mailing Address

6024 E. 7TH AVE.
HIALEAH FL 33013

002440

2. Principal Place of Business

285 NW 27 Ave

Suite, Apt. #, etc.

24

City & State

Miami FL

Zip

33125

Country

Miami-Dade

3. Mailing Address

285 NW 27 Ave.

Suite, Apt. #, etc.

24

City & State

Miami FL

Zip

33125

Country

Miami-Dade

4. FEI Number

65-1031039

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

GONZALEZ, CLAUDIO
3101 SW 103RD CT.
MIAMI FL 33165

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 \$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 ROMERO, ELENA
STREET ADDRESS 6024 E. 7TH AVE.
CITY-ST-ZIP HIALEAH FL 33013

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

TITLE ☐ Delete
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)(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: ELENA ROMERO PD.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/14/01

CR2E034 (10/00)