

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2003

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90161 006 ***150.00

DOCUMENT # **P00000081190**

1. Entity Name

Pro Rehab & Fitness, Inc



DO NOT WRITE IN THIS SPACE

80041195

2. Principal Place of Business

410 SW 61 Avenue

3. Mailing Address

410 SW 61 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-1033380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Carmona, Marlene

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

410 SW 61 Avenue

City

Miami

FL

Zip Code

33144

DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marlene Carmona

2/17/03

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PO
Carmona, Marlene
410 SW 61 Avenue
Miami, FL 33144**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Marlene Carmona
Director

2/17/03

305-264-9955

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone *

CR2E034B (12/02)