

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092858

1. Entity Name

QUALITY REHAB CENTER, Inc

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

04-17-2001 90108 003 ***150.00

Principal Place of Business

Mailing Address

8600 SW 67 Ave #939
MIAMI FL, 33143

A0050340

2. Principal Place of Business

3. Mailing Address

8600 SW 67 Ave

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

939

City & State

City & State

MIAMI FL

4. FEI Number

65-1043892

Applied For

Not Applicable

Zip

Country

Zip

Country

33143

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADRIANA PRADO
8600 SW 67 Ave #939
MIAMI FL 33143

Name

JOSE R RIVERA

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

8600 SW 67 Ave #939

MIAMI FLORIDA

City

MIAMI

FL

Zip Code

33143

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

ADRIANA PRADO (PRESIDENT)

04/01/01

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ADRIANA PRADO
8600 SW 67 Ave #939
MIAMI FL 33143

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
JOSE R RIVERA
8600 SW 67 Ave #939
MIAMI FL 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADRIANA PRADO (PRESIDENT)

Date

Daytime Phone #

(305) 498-1908
(305) 476-0102

CR2E034 (11/00)