

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000093984

1. Entity Name

AZTEC REHAB., P.A.

Principal Place of Business

10240 W. SAMPLE ROAD
SUITE A
CORAL SPRINGS FL 33065

Mailing Address

10240 W. SAMPLE ROAD
SUITE A
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RANGEL, CARLOS
10240 W. SAMPLE ROAD
SUITE A
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Rangel, Carlos
Street Address (P.O. Box Number is Not Acceptable)
10240 W. Sample Road
Suite A
City Coral Springs FL 33065

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 Rangel

Carlos Rangel

2-8-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANGEL, CARLOS	
STREET ADDRESS	10240 W. SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rangel, Carlos	
STREET ADDRESS	10240 W. Sample Rd, Suite A	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Rangel

Carlos Rangel
President

2/8/01

Date

305-246-0922

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

02-14-2001 90017 012 ***150.00

7 10 3 3 3



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1043262

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

0129374