

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046258

1. Entity Name

GEC REHAB & THERAPY SERVICES, INC.

Principal Place of Business

5825 COLLINS AVE #3-D  
MIAMI BEACH FL 33140

Mailing Address

5825 COLLINS AVE #3-D  
MIAMI BEACH FL 33140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1112032

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

OCAMPO, LOURDES G  
5825 COLLINS AVE #3-D  
MIAMI BEACH FL 33140

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
OCAMPO, LOURDES G  
5825 COLLINS AVE #3-D  
MIAMI BEACH FL 33140 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 (286) 351-6217  
Date Daytime Phone #

FILED  
Aug 07, 2002 8:00 am  
Secretary of State

07-22-2002 90167 038 \*\*\*150.00

41003



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment 41003  
Doc # 01000046258

## GEC Rehab & Therapy Services, Inc

5825 Collins Avenue #3-D  
Miami Beach, FL 33140-2202  
Telephone (786) 351-6217

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Miami, July 17, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box-1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

This is to notify that this is the first notice that I have gotten this year (2002). Therefore, I am sending a check for \$ 150.00 as I was told by one of your agents at the (850) 488-9000 number.

Shall you have any further questions, please do not hesitate to contact me at (786) 290-6091 or (786) 351-6217.

Sincerely,

  
Lourdes G. Ocampo

President

GEC Rehab & Therapy Services, Inc.

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