

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90331 033 ***550.00

DOCUMENT # P01000048917

1. Entity Name
PRIME QUALITY REHAB, INC.

Principal Place of Business

401 NW 152ND AVE.
 PEMBROKE PINES FL 33028

Mailing Address

401 NW 152ND AVE.
 PEMBROKE PINES FL 33028

2. Principal Place of Business

900 W 49 street

Suite, Apt. #, etc.

216

City & State

Hialeah, FL

Zip

33012

Country

USA

3. Mailing Address

900 W 49 street

Suite, Apt. #, etc.

216

City & State

Hialeah, FL

Zip

33012

Country

USA

4. FEI Number

45-1111299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SOTTER, YOLANDA

401 NW 152ND AVE.

PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS SOTTER, YOLANDA
 CITY-ST-ZIP 401 NW 152ND AVE.
 PEMBROKE PINES FL 33028

TITLE ☐ Delete
 NAME SVD
 STREET ADDRESS PAINCHAULT, LUIS
 CITY-ST-ZIP 401 NW 152ND AVE.
 PEMBROKE PINES FL 33028

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-02

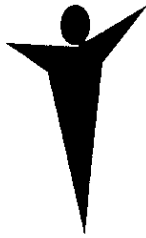
305-828-7799

Date

Daytime Phone #

CR2E034 (4/02)

Attachment PD10000048917 BD13/217



PRIME QUALITY REHAB

July 18, 2002

Florida Department of Revenue

Please be advised that my address and phone number has been change as follow;

PRIME QUALITY REHAB, INC.
900 WEST 49TH STREET, SUITE 216
HIALEAH, FL 33012

TEL: 305-828-7799

FAX: 305-828-7399

Thank you for your attention

Regards,


Luis Painchault

RECEIVED
FLORIDA DEPARTMENT OF REVENUE
JUL 22 2002