

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90001 048 ***150.00

DOCUMENT # P01000065132

1. Entity Name

FLORIDA REHABILITATION CENTER CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3899 NW 7 ST

3. Mailing Address

Suite, Apt. #, etc.

SUITE #200-B

City & State

MIAMI FLA.

City & State

4. FEI Number

65-1142363

Applied For

Not Applicable

Zip

33126

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSA MARIA JEE

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

3899 NW 7 ST SUITE #200-B

City

MIAMI

FL

Zip Code

33126

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

Rosa Maria Jee

Jan 11 '02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ROSA MARIA JEE
3899 NW 7ST Suite #200-B

MIAMI FLA. 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosa Maria Jee

Jan 11 '02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(786) 457-9257

CR2E034B (12/01)