

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90088 002 ***150.00

DOCUMENT # P01000074309

1. Entity Name

REHABILITATION SERVICES OF AMERICA, INC.

Principal Place of Business

**13969 NW 67TH AVENUE
 MIAMI LAKES FL 33014**

Mailing Address

**13969 NW 67TH AVENUE
 MIAMI LAKES FL 33014**

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

65-1127409

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

**WILSON, J. EVERETT ESQ.
 2151 LE JEUNE ROAD, MEZZANINE
 CORAL GABLES FL 33134**

Name

Cordero, Jose

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

13969 N.W. 67th Avenue

City

Miami Lakes,

FL

Zip Code

33014

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jose Cordero, President

1/6/02

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, 2002 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 **D**
 STREET ADDRESS **CORDERO, JOSE**
 CITY-ST-ZIP **2151 LE JEUNE ROAD, MEZZANINE
 CORAL GABLES FL 33134**

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Cordero, Jose**
 CITY-ST-ZIP **13969 N.W. 67 Ave.
 Miami Lakes, FL 33014**

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
 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

1/6/02

Date

(305) 823-1166

Daytime Phone #

CR2E034 (9/01)