

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90665 014 ***150.00

DOCUMENT # *P01000079302*

1. Entity Name

PERSONAL CARE REHAB, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2760 SW 97 AVE

3. Mailing Address

2760 SW 97 AVE.

Suite, Apt. #, etc.

103-104

Suite, Apt. #, etc.

103-104

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

65-1126123

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ERIC WEAVER

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

2760 SW 97 AVE. S. 103-104

City

MIAMI

FL

Zip Code

33165

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

ERIC WEAVER *03-28-02*

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 *PRES/TREASURER/DIRECTOR*
NAME *WEAVER, ERIC*
STREET ADDRESS *2760 SW 97 AVE. S. 103-104*
CITY-ST-ZIP *MIAMI, FL 33165*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Vice-Presid/Secretary/Director*
NAME *ROSALLES, MARILYN*
STREET ADDRESS *2760 SW 97 AVE S. 103-104*
CITY-ST-ZIP *MIAMI FL 33165*

TITLE
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CITY-ST-ZIP

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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:

Marilyn Rosales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 (305) 228-1706

Date

Daytime Phone #

CR2E034B (12/01)