

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-11-2002 90072 024 ***150.00

DOCUMENT # P01000098822

1. Entity Name

SAITWAY REHABILITATION & FITNESS CENTER, P.A.

Principal Place of Business

**7400 S.W. 87TH AVENUE, SUITE 200
 MIAMI FL 33173**

Mailing Address

**7400 S.W. 87TH AVENUE, SUITE 200
 MIAMI FL 33173**

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

05-1147946

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RUIZ, SANDRA
 7400 S.W. 87TH AVENUE, SUITE 200
 MIAMI FL 33173**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 RUIZ, ALDO E
 7400 S.W. 87TH AVENUE, SUITE 200
 MIAMI FL 33173**

☐ Delete

TITLE
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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 recipient 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/02

Date

305595-9200

Daytime Phone #

CR2E034 (4/02)



Gaitway Rehabilitation
& Fitness Center, P. A.

Detached
39597

July 5, 2002

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

Re: ~~Gaitway Rehabilitation & Fitness Center, P.A.~~
Doc No.: P01000098822

Dear Sir/Madam:

Enclosed please find our 2002 Uniform Business Report. Please note that we did not receive your correspondence of March 2002. We ask that you waive any late fees related to this filing. Our filing fee/check in the amount of \$150 was cashed earlier this year.

Please contact me with any questions.

Sincerely,


Sandra M. Ruiz
Administrator

Enclosure