

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000103353

1. Entity Name  
HEALTH CARE FAMILY REHABILITATION CORP.

Principal Place of Business  
3000 W. FLAGLER  
MIAMI FL 33134

Mailing Address  
3000 W. FLAGLER  
MIAMI FL 33134

*Change new ADDRESS*

2. Principal Place of Business  
4238W 16 Ave

3. Mailing Address  
4238W 16 Ave

Suite, Apt. #, etc.  
City & State  
Hialeah 33012  
Zip FI

Suite, Apt. #, etc.  
City & State  
Hialeah FI  
Zip FI 33012

4. FEI Number  
65-1153703

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
PEREZ, GISELA  
7055 W. 12TH AVE.  
APT. 15  
HIALEAH FL 33014

7. Name and Address of New Registered Agent  
Name GISELA PEREZ  
Street Address (P.O. Box Number is Not Acceptable)  
7681 N.W 182 TR  
City Miami FI FL Zip Code 33015

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

4.27.02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PEREZ, GISELO	
STREET ADDRESS	7055 W 12TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GISELA PEREZ	
STREET ADDRESS	7681 N.W 182 TR	
CITY-ST-ZIP	MIAMI FI 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.27.02 / 819.3133

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-27-2002 90464 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)