

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90117 013 ***555.00

DOCUMENT # P01000113632

1. Entity Name
EVERGLADES REHAB CENTER INC.

001363207



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13430 SW 26 TERRACE
 MIAMI FL 33175

Mailing Address

13430 SW 26 TERRACE
 MIAMI FL 33175

2. Principal Place of Business

4195 SW 137 Ave

3. Mailing Address

4195 SW 137 Ave

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33175

Country

U.S.A.

Zip

33175

Country

U.S.A.

4. FEI Number

65-115-64-06

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BERENGUER, ARISTIDES
13430 SW 26 TERRACE
MIAMI FL 33175

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

9/2/02

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 \$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

PD
BERENGUER, ARISTIDES
13430 SW 26 TERRACE
MIAMI FL 33175

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/02 (305) 225 4666

Date

Daytime Phone #

CR2E034 (4/02)