

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90770 034 ***150.00

DOCUMENT # P02000034057

1. Entity Name
I & J REHABILITATION CENTER, INC.



Principal Place of Business
11300 N.W. 87TH CT
~~STE 161~~
HIALEAH FL 33018

Mailing Address
11300 N.W. 87TH CT
~~STE 161~~
HIALEAH FL 33018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

142

Suite, Apt. #, etc.

142

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

103-04 21935

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

BRETON, IVELYS
11300 N.W. 87TH CT
~~STE 161~~
HIALEAH FL 33018

Name

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

SUITE 142

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD BRETON, IVELYS**
STREET ADDRESS **7439 W 22ND AVE #104**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12850 SW 50 CT**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
NAME **STD SARMIENTO, JAIME A**
STREET ADDRESS **7439 W 22ND AVE #104**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **12850 SW 50 CT**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED PRESIDENT**

3-3-3

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)