

2003 FOR PROFIT CORPORATE UNIFORM BUSINESS REPORT (U

2/10/2003-9018

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-10-2003 90187 011 ***150.00

DOCUMENT # P02000085417

1. Entity Name
M & M REHABILITATION CENTER, CORP.

Principal Place of Business
**5145 SW 8 STREET
MIAMI FL 33134**

Mailing Address
**5145 SW 8 STREET
MIAMI FL 33134**

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

030480144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HERRERA, MARIELA
5145 SW 8 STREET
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

P.O. Box Number is Not Accepted

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida or registering the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent when reinstating)

Agent signature required

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

TITLE **PD** ☐ Delete
NAME **HERRERA, MARIELA**
STREET ADDRESS **5145 SW 8 STREET**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VP** ☐ Delete
NAME **RODRIGUEZ, MIGUEL A**
STREET ADDRESS **5145 SW 8 STREET**
CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 119.07(3)(i), Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature has legal effect as if made under oath by the officer or director of the corporation or the receiver or trustee empowered to execute this report as required Florida Statutes; and that my name appears on Block 10 or Block 11 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

Date

Daytime Phone #

2-18-03

CR2E034 (10/02)

305-444-3500