

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90850 006 ***150.00

DOCUMENT # P02000126567

1. Entity Name

COMPLETE REHAB CENTER INC.



Principal Place of Business

**2720 SW 97 AVE STE 102
MIAMI FL 33165**

Mailing Address

**2720 SW 97 AVE STE 102
MIAMI FL 33165**

2. Principal Place of Business

2740 SW 97 AVE

3. Mailing Address

2740 SW 97 AVE

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

MIAMI FL 33165

City & State

MIAMI FL

Zip

33165

Country

U.S.A.

Zip

33165

Country

U.S.A.

6. Name and Address of Current Registered Agent

**PENA, VICTOR H
8111 SW 151 AVE #314
MIAMI FL 33193**

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

Victor Pena

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 **P** ☐ Delete
NAME **RODRIGUEZ, RAYMOND E**
STREET ADDRESS **7261 SW 122 CT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **V** ☐ Delete
NAME **PENA, VICTOR H**
STREET ADDRESS **8111 SW 151 AVE #314**
CITY-ST-ZIP **MIAMI FL 33193**

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond E. Rodriguez **2/4/2003 305.218.6936**

Date

Daytime Phone #

CR2E034 (10/02)