

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-24-2002 91309 033 ***150.00

DOCUMENT # P94000066297
 1. Entity Name
SANAR CLINICAL REHAB CENTER, INC.

| | |
|--|--|
| Principal Place of Business 650 SW 12 AVE MIAMI FL 33130 US | Mailing Address 650 SW 12 AVE MIAMI FL 33130 US |
|--|--|

37636 [REDACTED]



DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
|--|--|--|--|

4. FEI Number **65-0519257**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GARCIA, CARLOS
650 SW 12 AVE
MIAMI FL 33130

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$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 NAME: PD STREET ADDRESS: GARCIA, CARLOS M CITY-ST-ZIP: 650 SW 12 AVENUE MIAMI FL 33130 | <input type="checkbox"/> Delete |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> 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 OF CARLOS GARCIA **6/18/02** **(305) 642-890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/01)