

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90044 016 ***150.00

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DOCUMENT # **P96000014528**



1. Entity Name
GOLDEN HEALTH REHABILITATION CENTER, INC.

Principal Place of Business
7383-7385 S.W. 24 ST
MIAMI FL 33155
US

Mailing Address
6715 TAMiami CANAL RD
MIAMI FL 33126



2. Principal Place of Business
7371-7375 SW 24 ST
Suite, Apt. #, etc.
7371-7373-7375

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
miami FL 33155
Zip
33155
Country
DaDe

City & State

Zip

Country

4. FEI Number
65-0639981

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

FAJARDO, ALICIA
6715 TAMiami CANAL RD
MIAMI FL 33126

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
FAJARDO, ALICIA
6715 TAMiami CANAL RD
MIAMI FL 33126

TITLE
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☐ Change ☐ Addition

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FAJARDO, ALICIA
6715 TAMiami CANAL RD
MIAMI FL 33126

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☐ Change ☐ Addition

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:

Alicia Fajardo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-03

Date

305) 265-7878

Daytime Phone #

CR2E034 (10/02)