

# 2001 UNIFORM BUSINESS REPORT (UBR)

0049827 AV

DOCUMENT # **P96000083546**

1. Entity Name  
**FUTURE REHABILITATION, INC.**

FILED

02 APR 22 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 01-02

Principal Place of Business

**3370 SW 107 AVE.  
MIAMI FL 33165**

Mailing Address

**3370 SW 107 AVE.  
MIAMI FL 33165**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0699171**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**ROVERO, GYLMAR  
1801 S.W 94 AVE.  
MIAMI FL 33165**

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

*[Signature]*  
(NOTE: Registered Agent signature required when reinstating)

04 18-02

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD**  
STREET ADDRESS **GOMEZ, LEONARDO**  
CITY-ST-ZIP **3370 SW 107 AVE.  
MIAMI FL 33165**

TITLE ☐ Change ☐ Addition  
NAME **000005418050**  
STREET ADDRESS **-05/01/02--01085--018**  
CITY-ST-ZIP **\*\*\*\*900.00 \*\*\*\*900.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

CR2E034 (5/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

April 12, 2002

#1 PIZZA CO., INC.  
1135 SO. PASADENA AVE  
SUITE 327C  
ST PETERSBURG, FL 33707

SUBJECT: #1 PIZZA CO., INC.  
Ref. Number: P00000092880

We have received your document for #1 PIZZA CO., INC. and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap  
Document Specialist Supervisor

Letter Number: 702A00021848