2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # P97000018847 1. Entity Name DEVELOPMENT REHABILITATION CORP. 03-28-2000 90088 008 ***150.00 Principal Place of Business Mailing Address 2127 W FLAGLER ST 825 SW 44TH AVE MIAM! FL 33125 しひひなむなおび MIAMI FL 33134-2572 119 บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0764151 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NOGUEIRA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 825 SW 44 # A103 MIAMI FL 33134 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE NOGUEIRA, JOSE A NAME NAME 825 SW 44 # A103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33134 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition IIILE NAME ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP

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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

::_: ADDPESS

ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

(305)445-4976

☐ Change

Addition

Daytime Phone #