

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000018847**

1. Entity Name

DEVELOPMENT REHABILITATION CORP.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90023 007 ***150.00

0163101

Principal Place of Business

2127 W FLAGLER ST
MIAMI FL 33125
US

Mailing Address

825 SW 44TH AVE
A103
MIAMI FL 33134
US

2. Principal Place of Business

717 PONCE DE LEON #303

3. Mailing Address

571 SW 89 COURT

Suite, Apt. #, etc.

CORAL GABLES, FL 33134

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL 33174

Zip

Country

33134

Zip

Country

33174

4. FEI Number

65-0764151

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOGUEIRA, JOSE A
825 SW 44 # A103
MIAMI FL 33134

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NOGUEIRA, JOSE A	
STREET ADDRESS	825 SW 44 # A103	
CITY - ST - ZIP	MIAMI FL 33134	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*Jose A. Nogueira***JOSE A. NOGUEIRA President 02/28/2001 (305) 213-6290**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)