

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000024406

1. Entity Name

ALBARRAN REHABILITATION CENTER, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90096 048 \*\*\*158.75

Principal Place of Business

Mailing Address

7303 WEST FLAGLER ST.  
MIAMI FL 33144

P.O. BOX 440769  
MIAMI FL 33144-0769

2. Principal Place of Business

3. Mailing Address

7301 West Flagler St  
Suite, Apt. #, etc.

P.O. Box 440769  
Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number 65-0739814

Applied For  
Not Applicable

Zip  
33144

Country  
U.S.A

Zip  
33144-0769

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

VALDES, BARBARA C  
7303 WEST FLAGLER ST.  
MIAMI FL 33144

Name BARBARA C. VALDES

Street Address (P.O. Box Number is Not Acceptable)

7301 West Flagler St.

City Miami

FL

Zip Code 33144

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 *Barbara C. Valdes* 4/26/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV  
NAME VALDES, BARBARA C  
STREET ADDRESS 7303 WEST FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33144 ☐ Delete

TITLE President-Director  
NAME BARBARA C. VALDES  
STREET ADDRESS 7301 West Flagler St  
CITY-ST-ZIP Miami, FL 33144 ☒ Change ☐ Addition

TITLE DP  
NAME GUERRA, FRANCISCO J  
STREET ADDRESS 7303 WEST FLAGLER ST.  
CITY-ST-ZIP MIAMI FL 33144 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 *Barbara C. Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)