

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91318 029 \*\*\*158.75

**DOCUMENT # P97000024406**

1. Entity Name

**ALBARRAN REHABILITATION CENTER, INC.**

Principal Place of Business

**7301 WEST FLAGLER ST.  
 MIAMI FL 33144**

Mailing Address

**P.O. BOX 440769  
 MIAMI FL 33144-0769**

2. Principal Place of Business

**P.O. Box 440769**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

4. FEI Number **65-0739814**

Applied For

Not Applicable

Zip

Country

**33144-0769 USA**

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

**VALDES, BARBARA C  
 7301 WEST FLAGLER ST.  
 MIAMI FL 33144**

Name **SAME AS #6**

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

**13841 SW 30 ST.**

City **MIAMI**

**FL**

Zip Code **33175**

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 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 **VD** ☐ Delete  
 NAME **VALDES, BARBARA C**  
 STREET ADDRESS **7301 WEST FLAGLER ST**  
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☒ Change ☐ Addition  
 NAME **13841 SW 30 ST**  
 STREET ADDRESS **MIAMI, FL 33175**  
 CITY-ST-ZIP

TITLE **PD** ☒ Delete  
 NAME **GUERRA, FRANCISCO J**  
 STREET ADDRESS **7301 WEST FLAGLER STREET**  
 CITY-ST-ZIP **MIAMI FL 33144**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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** **Barbara C. Valdes** 4/28/01 (305) 265 7303  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)