

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047650

1. Entity Name

EXCLUSIVE U.S.A. REHAB STAFFING INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90121 025 ***150.00

Principal Place of Business

Mailing Address

423 VINE ST.
KISSIMMEE FL 34741

P.O. BOX 451997
KISSIMMEE FL 34745-1997

907976



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

423 W. VINE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE, FL.

4. FEI Number

59-3456331

Applied For

Not Applicable

Zip

Country

Zip

34741

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

MEMON, ZAHID A
1213 BERMUDA LAKES LN #206
KISSIMMEE FL 34741

Name

SYED MISBAHUDDIN

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

423 W. VINE ST.

City

KISSIMMEE

FL

Zip Code

34741

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

X Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-19-2000

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	DP	<input checked="" type="checkbox"/> Delete
NAME	MEMON, ZAHID A	
STREET ADDRESS	423 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYED MISBAHUDDIN	
STREET ADDRESS	423 W. VINE ST.	
CITY-ST-ZIP	KISSIMMEE, FL. 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYED MISBAHUDDIN

1-19-2000

Date

407-847-6899

Daytime Phone #

CR2E034 (9/99)