

2001 UNIFORM BUSINESS REPORT (UBR)

DA

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90044 014 ***150.00

0163902

DOCUMENT # P97000059900

1. Entity Name

ALL TECH THERAPY AND REHAB MEDICAL CENTER CORP.

Principal Place of Business

**5200 SOUTHWEST 8TH STREET
SUITE 201B
MIAMI FL 33134**

Mailing Address

**5200 SOUTHWEST 8TH STREET
SUITE 201B
MIAMI FL 33134**

2. Principal Place of Business

**5200 SW 8ST
Suite, Apt. #, etc.
SUITE 204A**

3. Mailing Address

**5200 SW 8ST
Suite, Apt. #, etc.
SUITE # 204A**

City & State

Coral Gables

City & State

Coral Gables

Zip

FL

Country

33134

Zip

FL

Country

33134



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0773666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARTELL, GERARDO
5200 SOUTHWEST 8TH STREET
SUITE 201B
MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name

MARTELL GERARDO

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

5200 SW 8ST

Suite: 204A

City

Miami

FL

33134

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)

4/21/01

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

TITLE ☐ Delete
NAME **P MARTELL, GERARDO**
STREET ADDRESS **11091 SOUTHWEST 59TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01 305 648-0800
Date Daytime Phone #

CR2E034 (10/00)