

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066446

1. Entity Name

PROGRESSIVE REHAB SERVICES INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90083 020 ***150.00

Principal Place of Business

Mailing Address

2190 NW 7TH STREET
MIAMI FL 33125

2190 NW 7TH STREET
MIAMI FL 33125-3425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0773832

Applied For

Not Applicable

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

BENITEZ, JUAN F CPA PA
2381 SW 80TH COURT
MIAMI FL 33155

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
A
MCCORMICK, ANNE
13209 NW 16 STREET
PEMBROKE PINES FL 33028 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS/A
NOTTAGE, EARL
10825 SW 152 TERRACE
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BINETT, NIMA
10346 SW 20 STREET
MIRAMAR FL 33025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FC
ROBITAILLE, LUCIE
8701 SW 14TH STREET
PEMBROKE PINES FL 33025 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AFC
JAMES, SIMONA
4025 SW 152 AVENUE
MIRAMAR FL 33027 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
A
Nottage, Earl
10825 SW 152 Terrace
Miami, FL 33157 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS/A
James, Simona
4025 SW 152 Ave
Miramar, FL 33027 ☒ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/00 (305)649-4616

CR2E034 (9/99)