

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90107 015 ***150.00

DOCUMENT # P97000076961

1. Entity Name
SOUTH MIAMI REHABILITATION FACILITY, CORP.

Principal Place of Business

**1901 SW 1 STREET
 2ND FLOOR
 MIAMI FL 33135
 US**

Mailing Address

**PO BOX 350187
 MIAMI FL 33135
 US**

2. Principal Place of Business

701 NW 57TH AVENUE

Suite, Apt. #, etc.

SUITE 370

City & State

MIAMI, FLORIDA

Zip

33126

Country

Miami-Dade

3. Mailing Address

701 NW 57TH AVENUE

Suite, Apt. #, etc.

SUITE 370

City & State

MIAMI, FLORIDA

Zip

33126

Country

Miami-Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0778766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GAZQUEZ, JESUS

1560 SW 139 AVE

MIAMI FL 33184

7. Name and Address of New Registered Agent

Name

CHEFFY FERNANDEZ

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

150 NW 32 AVENUE

City

MIAMI

FL

Zip Code

33125

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  **CHEFFY FERNANDEZ** **04/15/02**

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, 2002 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 **PTD** ☒ Delete
 NAME **GAZQUEZ, JESUS**
 STREET ADDRESS **1560 SW 139 AVE**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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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 **PTD** ☒ Change ☐ Addition
 NAME **FERNANDEZ, CHEFFY**
 STREET ADDRESS **150 NW 32 AVENUE**
 CITY-ST-ZIP **MIAMI, FL 33125**

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:  **CHEFFY FERNANDEZ** PTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02 (305) 649-7373

Date

Daytime Phone #

CR2E034 (9/01)