

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000092338

1. Entity Name

ULTIMATE REHABILITATION AGENCY, INC. ✓

Principal Place of Business

1901 SW 1 Ave # 200
Miami, Fl. 33135

Mailing Address

1901 S.W. 1 Ave. # 200
Miami, Fl. 33135

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

65-0788661

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A3061117

6. Name and Address of Current Registered Agent

EDUARDO CANTERA, Esq.

1762 Coral Way
Miami, Fl. 33145

7. Name and Address of New Registered Agent

Name

ENRIQUE JOSE MARTINEZ

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

10453 S.W. 99 Terr

City

Miami

FL

Zip Code
33176

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

04-27-00

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

TITLE PD ☐ Delete
NAME MARTINEZ ENRIQUE J.
STREET ADDRESS 10453 S.W. 99 Terr
CITY-ST-ZIP Miami, Fl. 33176

TITLE SD ☒ Delete
NAME JIMENEZ CARLOS
STREET ADDRESS 1901 SW 1 ST Street
CITY-ST-ZIP Miami, Fl. 33135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 SO ☒ Change ☐ Addition
NAME MARTINEZ ENRIQUE J.
STREET ADDRESS 10453 SW 99 Terr
CITY-ST-ZIP Miami, Fl. 33176

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

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

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

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

Date

Daytime Phone #

04-27-00 - 305-631-0110