

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**  
 05-19-2002 90045 047 \*\*\*158.75

**DOCUMENT # P97000092338**

**1. Entity Name**  
 ULTIMATE REHABILITATION AGENCY, INC.

**Principal Place of Business**  
 1800 S.W. 27TH AVENUE  
 SUITE 600  
 MIAMI FL 33145

**Mailing Address**  
 1800 S.W. 27TH AVENUE  
 SUITE 600  
 MIAMI FL 33145



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** 65-0788661

Applied For

Not Applicable

Zip

Country

Zip

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**

IZQUIERDO, MARILYN  
 1800 S.W. 27TH AVENUE  
 SUITE 600  
 MIAMI FL 33145

Name **MEINARDO CASTELLANOS**  
 Street Address (P.O. Box Number is Not Acceptable) **1800 SW 27th Ave Suite 600**  
 City **Miami** FL Zip Code **33145**

**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]* (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** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PVST** ☐ Delete  
 NAME **IZQUIERDO, MARILYN**  
 STREET ADDRESS **1900 SW 89THS TREET 200**  
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☒ Addition  
 NAME **President Meinardo Castellanos**  
 STREET ADDRESS **1800 SW 27th Ave Suite 600**  
 CITY-ST-ZIP **Miami FL 33145**

TITLE **ST** ☐ Delete  
 NAME **IZQUIERDO, MARILYN**  
 STREET ADDRESS **1901 SW 1ST ST., SUITE 200**  
 CITY-ST-ZIP **MIAMI FL 33135**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **Vice-President Marilyn Izquierdo**  
 STREET ADDRESS **1800 SW 27th Ave Suite 600**  
 CITY-ST-ZIP **Miami FL 33145**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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

04-25-02

Date

Daytime Phone #

CR2E034 (9/01)