

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90086 043 ***150.00

DOCUMENT # P97000098802
 Entity Name
A B C TOTAL REHABILITATION CARE INC.

Principal Place of Business Mailing Address
 W 49 ST 900 W 49 ST
 #322
 FL 33012 HIALEAH FL 33012-3407

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0800451** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
 6. Name and Address of Current Registered Agent --
 PACHON, NANCY
 15290 SW 50 STREET
 MIRAMAR FL 33027
 7. Name and Address of New Registered Agent
 Name **NANCY PACHON**
 Street Address (P.O. Box Number is Not Acceptable) **900 W 49 ST. STE 322**
 City **HIALEAH** FL Zip Code **33012**

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: *Nancy Pachon* DATE: 3/2/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P PACHON, NANCY 900 W 49 ST #322 HIALEAH FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D NANCY PACHON 900 W 49 ST. #322 HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
S GALINDO, PASTOR 900 W 49 ST #322 HIALEAH FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Nancy Pachon* DATE: 3/2/00 (305) 819-4004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)