2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90048 008 ***150.00

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DOCUMENT # P98000002276

1. Entity Name
LIFE REHABILITATION CENTER INC.

Principal Place of Business
697 EAST 9 ST.
HIALEAH FL 33010

Mailing Address
697 EAST 9 ST.
HIALEAH FL 33010

2. Principal Place of Business
709 East 9 ST
Suite, Apt. #, etc.

3. Mailing Address
709 East 9 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Hialeah Fl
Zip: 33010
Country:

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Zip: 33010
Country:

4. FEI Number 65-0808148 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, SILVIA Y
10570 SW 26 TERRACE
MIAMI FL 33165

7. Name and Address of New Registered Agent

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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	P
NAME	BARRIOS, SILVIA Y
STREET ADDRESS	5970 N.W. 110 TERR.
CITY-ST-ZIP	HIALEAH FL 33012
	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	☐ Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (9/01)

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: _____ 4/5/02 (305) 863-7929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #