

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005994

1. Entity Name  
CORRECTIVE HEALTH & REHABILITATIVE SERVICES INC.

Principal Place of Business  
7378 W. ATLANTIC BLVD.,STE.204  
MARGATE FL 33063

Mailing Address  
7378 W. ATLANTIC BLVD.,STE.204  
MARGATE FL 33063

2. Principal Place of Business  
6536 W. ATLANTIC BLVD.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
MARGATE, FL 33063  
Zip  
33063  
Country  
USA

City & State  
Zip  
Country

4. FEI Number 65-0808113

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TESSER, PETER  
7378 W. ATLANTIC BLVD.,STE.204  
MARGATE FL 33063

## 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	D	<input type="checkbox"/> Delete
NAME	TESSER, PETER	
STREET ADDRESS	7378 W. ATLANTIC BLVD.,STE.204	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90054 003 \*\*\*150.00

A0085514



DO NOT WRITE IN THIS SPACE

0028734 AV

CR2E034 (5/01)

9/13/01 (954) 984-8522  
Date Daytime Phone #



Corrective Health &  
Rehabilitative Services



7378 West Atlantic Blvd., Suite 204

Margate, FL. 33063

Tel. (954) 984-8522

Attachment  
DA# 98000005994  
A0085514

TO WHOM IT MAY CONCERN -

THE PURPOSE OF THIS LETTER IS TO EXPLAIN  
THE DELAY IN SENDING PAYMENT FOR THE 2001 UBR.

AS I AM SURE YOU CAN APPRECIATE, THE ONLY NOTICE  
A COMPANY RECEIVES IS VIA MAIL AND, THIS YEAR, WE  
NEVER RECEIVED THE INITIAL NOTICE.

YOU WILL NOTE THAT THIS COMPANY HAS NEVER  
HAD A SIMILAR INSTANCE IN THE PAST AND ALL OTHER  
COMPANIES RUN BY MYSELF, ALL HAVE NO PRIOR HISTORY  
OF BEING LATE. WITHOUT A INVOICE OR A NOTICE FOR  
A BILL THAT IS ONLY PAID ANNUALLY, THERE WAS NO WAY  
OF KNOWING.

PLEASE ACCEPT PAYMENT FOR THE FILING FEE  
OF \$150.00 AND IF THERE ARE ANY QUESTIONS OR PROBLEMS  
REGARDING THIS, PLEASE DO NOT HESITATE TO CALL ME AT  
THE NUMBER PROVIDED.

THANK YOU.

SINCERELY,

Peter [Signature]