UNIFORM BUSINESS REPORT (UBR)

1052

DOCUMENT # P00000008285

Entity Name

T.L.S. REHABILITATION CENTER, INC.

FILED
00 AUG -2 AM 7:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1321 SW 107 AVE #208-A Miami FL 33174	1321 SW 107 AVE #208-A Miami FL 33174

99-00AR

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0809644 ☐ Applied For ☐ Not Applicable

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

Name: MIGUEL A. TUDELA

Street Address (P.O. Box Number is Not Acceptable): 1321 SW 107 AVE #208-A

City: Miami FL Zip Code: 33174

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: M.A. Tudela - MIGUEL A. TUDELA 4/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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
PRESIDENT/SECRETARY MIGUEL A. TUDELA 1321 SW 107 AVE #208-A Miami FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
DIRECTOR ENRIQUE A. GARCIA 9748 SW 154 CT MIAMI FL 33196	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
CFO NANCY SAAVEDRA 11765 SW 32 TERR Miami FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition 000003364260--4 -08/18/00--01054--005 ****300.00 ****300.00
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E031 (9/99)

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 SAAVEDRA CFO 4/28/00 305-485-1545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

T.G.S. REHABILITATION CENTER, INC.

Miguel A. Tudela
Administrator

Miami, 7/29/00

Florida Department of State
Division of Corporations
P.O.BOX 6327,
Tallahassee, Florida 32314

To the Secretary of State:

This is to request re-instatement of T.G.S. REHABILITATION CENTER, INC., Document No P98000008285, and the waving of any penalty due to failure to file 1999.

The form for 1999 was never received. And the 2000 Report- as you can see as per attached copy- got lost somewhere.

Enclosed find check for $ 300.00 to cover the fees for 1999 and 2000 Reports.

Sincerely.

M A Tudela

Miguel A. Tudela
President

1321 S.W. 107th AVE. SUITE 208-A • MIAMI FL 33174
PHONE: (305) 485-1545 FAX: (305) 485-5080