

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014478

1. Entity Name

UNISYS REHAB. & FITNESS CORP

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90150 014 \*\*\*150.00

Principal Place of Business

782 NW 42 AVE  
328  
MIAMI FL 33126

Mailing Address

1100 SW 74 CT  
MIAMI FL 33144-4538

2. Principal Place of Business

782 NW 42 Ave

3. Mailing Address

782 NW 42 AVE

Suite, Apt. #, etc.

Suite 341

Suite, Apt. #, etc.

Suite 341

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33126

US

Zip

Country

33126

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0812744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name

REINALDO RODRIGUEZ

Street Address (P.O. Box Number is Not Acceptable)

3191 CORAL WAY STE 800

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, 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, 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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME P  
STREET ADDRESS VELEZ, JESUS  
CITY-ST-ZIP 1100 SW 74 CT  
MIAMI FL 33144

TITLE ☐ Delete  
NAME VSD  
STREET ADDRESS VELEZ, MAYRA  
CITY-ST-ZIP 1100 SW 74 AVE  
MIAMI FL 33144

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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

Date

Daytime Phone #

C.E.D

3/14/00

(305) 491 3922

CR2E034 (9/99)