

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90079 015 \*\*\*150.00

**DOCUMENT # P98000016855**

1. Entity Name  
**WEST DADE REHABILITATION INC.**

Principal Place of Business

~~935 WEST 49 ST.  
 SUITE 103  
 HIALEAH FL 33012~~

Mailing Address

~~935 WEST 49 ST.  
 SUITE 103  
 HIALEAH FL 33012~~

2. Principal Place of Business

**3175 SW. 8 ST**

Suite, Apt. #, etc.

3. Mailing Address

**3175 SW. 8 ST**

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

**Miami FL**

4. FEI Number

**65-0851025**

Applied For

Not Applicable

Zip

**33135**

Country

**USA**

Zip

**33135**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VILARCHAO, LAZARO  
 2491 WEST 71 PLACE  
 HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name

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

**3175 SW. 8 ST**

City

**Miami**

**FL**

Zip Code

**33135**

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	<input type="checkbox"/> Delete
	<b>PSD</b>			
	<b>VILARCHAO, LAZARO</b>	<b>2491 WEST 71 PLACE</b>	<b>HIALEAH FL 33012</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>3175 SW. 8 ST</b>	<b>Miami FL 33135</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/9/02**  
 Daytime Phone #: **305-643-0036**

CR2E034 (9/01)