

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90143 033 ***158.75

DOCUMENT # **098000027859** @/✓

1. Entity Name

Synex Rehabilitation Services Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14651 SW 132 Court

Suite, Apt. #, etc.

3. Mailing Address

14651 SW 132 Court

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami Florida

Zip

33186

Country

USA

Zip

33186

Country

USA

4. FEI Number

65-0823883

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Tammy Trigos

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

14651 SW 132 Court

City

Miami

FL

Zip Code

33186

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tammy Trigos

Signature, typed or printed name of registered agent and title (if applicable)

Vice President - Secretary & Treasurer

(NOTE: Registered Agent signature required when reinstating)

Tammy Trigos 6/30/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**President
TAMMY TRIGOS
14651 SW 132 Court
Miami, FL 33186**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**Vice President, Secretary, Treasurer
TAMMY TRIGOS
14651 SW 132 Court
Miami, FL 33186**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tammy Trigos

TAMMY TRIGOS

Date

6/30/03

Daytime Phone #

(305) 969-3004

CR2E034B (12/02)