

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90286 048 ***150.00

DOCUMENT # P980000 32375

1. Entity Name

QUALITY THERAPY CARE, INC.

Principal Place of Business

2415 SW 64 AVE.
 MIAMI - FL. 33155

Mailing Address

2415 SW 64 AVE.
 MIAMI - FL. 33155

2. Principal Place of Business

651 SW 123 CT.

Suite, Apt. #, etc.

3. Mailing Address

651 SW 123 CT.

Suite, Apt. #, etc.

City & State

MIAMI - FL.

City & State

MIAMI - FL.

4. FEI Number

65-0827038

Applied For

Not Applicable

Zip

33184

Country

USA

Zip

33184

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

552903

6. Name and Address of Current Registered Agent

MARIANELA MARTINEZ
 651 S.W. 123 CT.
 MIAMI - FL. 33184

7. Name and Address of Now 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

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	MARIANELA MARTINEZ	
STREET ADDRESS	2415 S.W. 64 AVE.	
CITY - ST - ZIP	MIAMI - FL. 33155	
TITLE	STD.	<input type="checkbox"/> Delete
NAME	RAFAEL MARTINEZ	
STREET ADDRESS	2415 SW 64 AVE.	
CITY - ST - ZIP	MIAMI - FL. 33155	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIANELA MARTINEZ	
STREET ADDRESS	651 SW 123 CT.	
CITY - ST - ZIP	MIAMI - FL. 33184	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL MARTINEZ	
STREET ADDRESS	651 SW 123 CT.	
CITY - ST - ZIP	MIAMI - FL. 33184	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIANELA MARTINEZ

Date

4/27/2001

Daytime Phone #

(305) 446-0342

CR2E034 (11/00)