

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2001 8:00 am**  
**Secretary of State**

05-31-2001 90006 009 \*\*\*158.75

00057225

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P98000053806 ✓

**1. Entity Name**  
 St Louis Rehabilitation Program, Inc

**Principal Place of Business**  
 4445 W 16 Ave  
 Suite 500  
 Hialeah, FL 33012

**Mailing Address**  
 4445 W 16 Ave  
 Suite 500  
 Hialeah, FL 33012

**2. Principal Place of Business**  
 4445 W 16 Ave  
 Suite, Apt. #, etc. 500

**3. Mailing Address**  
 Suite, Apt. #, etc.

**City & State**  
 Hialeah, FL

**City & State**

**Zip** 33012 **Country** USA

**Zip** **Country**

**4. FEI Number** 05-0856874 **Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Julio O. SILVERA  
 4445 W 16 Ave. Suite 500  
 Hialeah, FL 33012

**7. Name and Address of New 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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

<b>TITLE</b> P <b>NAME</b> Julio Oscar SILVERA <input type="checkbox"/> Delete <b>STREET ADDRESS</b> 9021 SW 142nd Ave #1633 <b>CITY-ST-ZIP</b> Miami FL 33186	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> U/P <b>NAME</b> Sebastian SILVERA <input type="checkbox"/> Delete <b>STREET ADDRESS</b> 6122 NW 173rd Terr <b>CITY-ST-ZIP</b> Hialeah, FL 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <input type="checkbox"/> Delete <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:**  **Julio Silvera - President** **05/22/01 (305) 819 4880**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)