

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P980000073669**

1. Entity Name

Dade Injury Rehabilitation, Inc

Principal Place of Business

Mailing Address

10021 Pines Blvd.

Suite 212

Pembroke Pines, FL 33024

2. Principal Place of Business

17325 NW 27th Ave

Suite, Apt. #, etc.

3. Mailing Address

17325 NW 27th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33056

Country

USA

Zip

33056

Country

USA

4. FEI Number

65-0858114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Miller, Bonnie S.

10021 Pines Blvd., Suite 212

Pembroke Pines, FL 33024

Name

Miller, Bonnie S., C.P.A.

Street Address (P.O. Box Number, Is Not Acceptable)

9050 Pines Blvd.

Suite 384

City

Pembroke Pines

FL

Zip Code

33024

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

Bonnie S. Miller

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** NAME **Lewin, Robert** ☒ Delete
STREET ADDRESS **13731 Stirling Road**
CITY-ST-ZIP **Ft. Lauderdale, FL 33330**

TITLE **D** NAME **Lewin, Robert** ☒ Change ☐ Addition
STREET ADDRESS **17325 NW 27th Ave**
CITY-ST-ZIP **Miami, FL 33056**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

3/9/00

FILED

00 JUN -1 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

SP

CR2E034 (9/95)

BONNIE S. MILLER, C.P.A., P.A.
CERTIFIED PUBLIC ACCOUNTANT

9050 PINES BLVD. – SUITE 384 PEMBROKE PINES, FLORIDA 33024 (954) 441-2323

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE:DADE INJURY REHABILITATION , INC.

REF #: P98000073669

LETTER #: 800A0021816

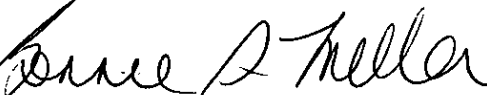
To Whom It May Concern:

I am writing on behalf of the above noted client in reference to their 2000 Corporate Annual Filing which was rejected by your office as indicated on the copy of the attached correspondence received by them.

Neither I, nor my client, received a reminder notice or letter of potential dissolution regarding the lack of filing of the prior year report and thought all amounts were currently paid. Upon receiving the notice, I called your office and per Stacy, the enclosed \$ 300 check will be sufficient to correct the 1999 records and pay the 2000 amount, previously returned by you.

Thank your for your assistance in this matter. Please feel free to contact me should you need further information.

Very truly yours,



Bonnie S. Miller, CPA