

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**  
 03-17-2000 90079 014 \*\*\*150.00

**DOCUMENT # P98000073823**

1. Entity Name

**PROFESSIONAL REHABILITATION NETWORK, INC.**

Principal Place of Business

10026 N.W. 46 STREET  
 SUNRISE FL 33351

Mailing Address

10026 N.W. 46 STREET  
 SUNRISE FL 33351-7937

2. Principal Place of Business

5917 S. Congress Ave

3. Mailing Address

5917 S. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ATLANTA, FL

City & State

ATLANTA, FL

4. FEI Number

65-0878932

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

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

LOPEZ, AMADO  
 10026 N.W. 46 STREET  
 SUNRISE FL 33351

Name

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

11420 NW 30 PL

City

SUNRISE

FL

Zip Code

33323

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

*Amado Lopez - pres*

3/13/00

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, 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	P	<input type="checkbox"/> Delete
NAME	LOPEZ, AMADO	
STREET ADDRESS	10026 N.W. 46 STREET	11420 NW 30 PL
CITY-ST-ZIP	SUNRISE FL 33351	SUNRISE, FL 33323
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

3/13/00

Date

561-766-3393

Daytime Phone #

CR2E034 (9/99)