

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90055 013 \*\*\*150.00

**DOCUMENT # P98000077540**

1. Entity Name  
**GALLOWAY REHABILITATION CENTER, INC. PRIVATE DIV**

Principal Place of Business  
**2648 SW 87 AVE. STE. C-208**  
**MIAMI FL 33165**

Mailing Address  
**2648 SW 87 AVE. STE. C-208**  
**MIAMI FL 33165**

2. Principal Place of Business  
**4530 NW 7 ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4530 NW 7 ST**  
 Suite, Apt. #, etc.

City & State  
**Miami FL**  
 Zip  
**33126**  
 Country  
**USA**

City & State  
**Miami FL**  
 Zip  
**33126**  
 Country  
**USA**

4. FEI Number **65-0861841**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**COBO, REBECCA**  
**5112 SW 151 PL**  
**MIAMI FL 33185**

**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 \_\_\_\_\_ (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 **DP** ☐ Delete  
 NAME **COBO, REBECCA**  
 STREET ADDRESS **5112 SW 151 PL**  
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **DV** ☐ Delete  
 NAME **COBO, ARTURO**  
 STREET ADDRESS **21 CYPRESS AVE**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

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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: **Rebecca Cobo**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/01** Daytime Phone # **(305) 444-1449**

CR2E034 (10/00)