## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2000 8:00 am Secretary of State DOCUMENT # P98000086525 1. Entity Name BETTER HEALTH AND REHAB. CENTER INC. 02-07-2000 90004 023 \*\*\*150.00 Mailing Address Principal Place of Business 2001 NW 7 ST., #102 2001 NW 7 ST., #102 MIAMI FL 33125-3442 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0871465 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name .. . CARBAJAL, BEATRICE Street Address (P.O. Box Number is Not Acceptable) 2001 NW 7 ST., #102 **MIAMI FL 33125** City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. <del>11</del>. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME CARBAJAL, BEATRICE STREET ADDRESS STREET ADDRESS 2001 NW 7 ST., #102 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP Change | Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 Thanmy 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.

DR2F034 /9/90

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #