

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000004789**

1. Entity Name

LE JEUNE PHYSICAL THERAPY, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90112 035 ***150.00

Principal Place of Business

17608 S.W. 81ST COURT
MIAMI FL 33157

Mailing Address

17608 S.W. 81ST COURT
MIAMI FL 33157-6177

809510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

219 E. 8th Ave

3. Mailing Address

219 E. 8th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

3

City & State

Hialeah FL

4. FEI Number

65-0298088

Applied For

Not Applied

Zip

33010

Country

Miami-Dade

Zip

33010

Country

Miami-Dade

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

6. Name and Address of Current Registered Agent

FIGUEREDO, MARTA
17608 S.W. 81ST COURT
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Ruben Figueredo

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

219 E. 8th Ave

City

Hialeah

FL

Zip Code

33010

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

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

(NOTE: Registered Agent signature required when reinstating)

1-27-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ DeleteNAME **FIGUEREDO, MARTA**
STREET ADDRESS **17608 S.W. 81ST COURT**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **PVPT** ☒ DeleteNAME **FIGUEREDO, MARTA**
STREET ADDRESS **17608 S.W. 81ST COURT**
CITY-ST-ZIP **MIAMI FL 33157**TITLE **S** ☒ DeleteNAME **FIGUEREDO, MARTA**
STREET ADDRESS **17608 S.W. 81ST COURT**
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Ruben Figueredo** ☐ Change ☒ AdditionNAME **Director**
STREET ADDRESS **219 E. 8th Ave**
CITY-ST-ZIP **Hialeah FL 33010**TITLE **PVPT** ☐ Change ☒ AdditionNAME **Ruben Figueredo**
STREET ADDRESS **219 E. 8th Ave**
CITY-ST-ZIP **Hialeah FL 33010**TITLE **Secretary** ☐ Change ☒ AdditionNAME **Ruben Figueredo**
STREET ADDRESS **219 E. 8th Ave**
CITY-ST-ZIP **Hialeah FL 33010**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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: **Ruben Figueredo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

(305) 884-3334

Date

Daytime Phone #