

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90968 038 \*\*\*150.00

**DOCUMENT # P99000029199**

1. Entity Name  
**LYM'S REHABILITATION CENTER, INC.**

Principal Place of Business  
**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

Mailing Address  
**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

**B0057313**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2300 Coral Way**  
 Suite, Apt. #, etc.  
**Suite # 200**

3. Mailing Address  
**2300 Coral Way**  
 Suite, Apt. #, etc.  
**Suite # 200**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0911972**

Applied For  
 Not Applicable

Zip  
**33145**

Country  
**US**

Zip  
**33145**

Country  
**US**

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**

**FLORIDA ANNUAL REPORT SERVICES INC.**  
**2300 CORAL WAY**  
**SUITE 200**  
**MIAMI FL 33145**

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

**AMADA CANTERA LOPEZ, President**

(NOTE: Registered Agent signature required when reinstating)

**3/26/02**  
 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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DP**  
**IGLESIAS, REINALDO** ☐ Delete  
**628 NW 22 AVE**  
**MIAMI FL 33125**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DTS**  
**BEADE, PABLO** ☐ Delete  
**628 NW 22 AVE**  
**MIAMI FL 33125**

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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

**3/25/02**  
 Date

Daytime Phone #

CR2E034 (9/01)