

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P99000031385*

1. Entity Name

McDOWNE REHABILITATION CENTER INC

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90045 005 ***150.00

Principal Place of Business

*4305 E 8 Ave.
Hialeah FL 33013*

Mailing Address

*4305 E 8 Ave
Hialeah FL 33013*

2. Principal Place of Business

900 W 49 St. #448

3. Mailing Address

900 W 49 St. #448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

HIALEAH FL

4. FEI Number

65-0955401

Applied For

Not Applicable

Zip

33012

Country

Zip

33012

Country

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

*NURY CARBATAL
4305 E 8 Ave.
Hialeah FL 33013*

Name

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

900 W 49 St. #448

City

Hialeah

FL

Zip Code
33012

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)

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*
NAME *CARBATAL NURY*
STREET ADDRESS *4305 E 8 Ave.*
CITY-ST-ZIP *Hialeah FL 33013*

☐ Delete

TITLE
NAME
STREET ADDRESS *900 W 49 St. #448*
CITY-ST-ZIP *HIALEAH FL 33012*

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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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:

Nury Carbatal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

Daytime Phone #

CR2E034 (9/99)