

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039887

1. Entity Name

SKILLED THERAPY ENHANCEMENT PROFESSIONALS, INC.

Principal Place of Business

Mailing Address

6201 SW 37TH STREET, APT. 207
DAVIE FL 33314
US

6201 SW 37TH STREET, APT. 207
DAVIE FL 33314
US

2. Principal Place of Business

2601 SW 79th Ave.

3. Mailing Address

2601 SW 79th Ave

Suite, Apt. #, etc.

Suite 309

Suite, Apt. #, etc.

Suite #309

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33328

Country

USA
Broward

Zip

33328

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENNA, RODNEY

6201 SW 37TH STREET, APT. 207
DAVIE FL 33314

2601 SW 79th Ave
#309
DAVIE, FL 33328

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
TORRES, BOBBI A
6201 SW 37TH ST #207
DAVIE FL 33314
2601 SW 79th Ave
#309
DAVIE, FL 33328

☒ Delete

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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

ROD Renna

4/20/01

954-980-9883

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

05/01/2001