

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-17-2003 90245 040 ***150.00

DOCUMENT # P99000039887

1. Entity Name

SKILLED THERAPY ENHANCEMENT PROFESSIONALS, INC.



Principal Place of Business

2601 SW 79TH AVE
STE 108
DAVIE FL 33328
US

Mailing Address

2601 SW 79TH AVE
STE 108
DAVIE FL 33328
US

2. Principal Place of Business

19501 W. Country Club Dr

Suite, Apt. #, etc.

#611

City & State

Aventura, FL

Zip 33180

Country U.S.A.

3. Mailing Address

19501 W. Country Club Dr

Suite, Apt. #, etc.

#611

City & State

Aventura, FL

Zip 33180

Country U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0928365

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENNA, RODNEY

2601 SW 79TH AVE STE #108
DAVIE FL 33328

19501 W. Country Club Dr
#611
Aventura, FL, 33180

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME TORRES, BOBBI A
STREET ADDRESS 2601 SW 79TH AVE STE 108
CITY-ST-ZIP DAVIE FL 33328

☒ Delete

TITLE Pres
NAME Rod RENNA
STREET ADDRESS 19501 W. Country Club Dr. #611
CITY-ST-ZIP Aventura, FL 33180

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

125-03

Date

(954) 980 9883

Daytime Phone #

CR2E034 (10/02)