

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90032 012 ***150.00

DOCUMENT # **P99000056891**

1. Entity Name

Greater Miami REHABILITATION Center, INC

Principal Place of Business

2476 S.W. 8th.
Miami, FL 33135

Mailing Address

2476 S.W. 8th.
Miami, FL 33135

A0033389

2. Principal Place of Business

807 S.W. 25 AVE

3. Mailing Address

807 S.W. 25 AVE.

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

Suite 300

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

Applied For

Not Applicable

Zip

33135

Country

DADE

Zip

33135

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMOS CLAUDIA E
2476 S.W. 8th.
Miami, FL 33135

7. Name and Address of New Registered Agent

ORLANDO PIEDRA
5394 S.W. 119 AVE
Cooper City FL 33330

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

Claudia Ramos

2-12-01

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

TITLE **P** ☒ Delete
NAME **RAMOS CLAUDIA E.**
STREET ADDRESS **2476 S.W. 8th.**
CITY-ST-ZIP **Miami, FL 33135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Alfredo NODARSE**
STREET ADDRESS **807 S.W. 25 AVE #300**
CITY-ST-ZIP **Miami, FL 33135**

TITLE **T.** ☐ Change ☒ Addition
NAME **YAMILKA Cortina**
STREET ADDRESS **807 S.W. 25 AVE #300**
CITY-ST-ZIP **Miami, FL 33135**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Claudia Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

Date

305-643-9882

Daytime Phone #

CR2E034 (11/00)