

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104889

1. Entity Name  
**REHAB SHOP INTERNATIONAL, INC.**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90066 019 \*\*\*150.00

Principal Place of Business

407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139

2. Principal Place of Business

9553 Harding Ave  
Suite, Apt. #, etc.  
201

3. Mailing Address

9553 Harding Ave  
Suite, Apt. #, etc.  
201

City & State

Surfside, FL

City & State

Surfside, FL

Zip

33154

Country

USA

Zip

33154

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0964691**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRITO, LUIS G  
407 LINCOLN ROAD  
SUITE 5-B  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **DON Andersen**  
Street Address (P.O. Box Number is Not Acceptable)  
**9553 Harding Ave Ste 201**  
City **SURFSIDE** FL Zip Code **33154**

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]*

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	PD	<input type="checkbox"/> Delete
NAME	MENESES, VERONICA	
STREET ADDRESS	835 LENNOX AVE. #210	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RIVAS, ROSIE	
STREET ADDRESS	8901 BRYON AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica Meneses	
STREET ADDRESS	6016 NW 116 Place #407	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*V. Meneses*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01 305 867 0449

Date Daytime Phone #

CR2E034 (10/00)