2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jun 05, 2000 8:00 am
Secretary of State

04-25-2000 90118 044 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000110748

1. Entity Name

INTERNATIONAL REHAB PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
17913 SW 5TH STREET PEMBROKE PINES FL 33029	17913 SW 5TH STREET PEMBROKE PINES FL 33029

2. Principal Place of Business		3. Mailing Address	
18383 NW 27 AVE		17913 SW 5TH STREET	
Suite, Apt. #, etc.: SUITE B		Suite, Apt. #, etc.: PEMBROKE PINES	
City & State: MIAMI FLORIDA		City & State: FL.	
Zip: 33056	Country: USA	Zip: 33029	Country: USA

4. FEI Number: 65-0970057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, DEHLIA
17913 SW 5TH STREET
PEMBROKE PINES FL 33029

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PRESIDENT CEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEHLIA FRANKLIN	NAME	
STREET ADDRESS	17913 SW 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	CITY-ST-ZIP	
TITLE	VICE PRESIDENT (SECRETARY) ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLLIN FRANKLIN	NAME	
STREET ADDRESS	17913 SW 5TH STREET	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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] DEHLIA FRANKLIN 4/18/00 305 627-9223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #