# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 29, 2002 8:00 am**
**Secretary of State**
01-29-2002 90045 033 ****61.25

DOCUMENT # N42172

1. Entity Name

ALS RECOVERY FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10900 S.W. 93RD AVENUE<br>MIAMI FL 33176 | 555 N.E. 34TH STREET<br>SUITE 1103<br>MIAMI FL 33137 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0265802 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PACKMAN, KEVIN<br>555 N.E. 34TH STREET<br>SUITE 1103<br>MIAMI FL 33137 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**FILE NOW: FEE IS $61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EV<br>SINGER, DONNA<br>6371 S.W. 107TH STREET<br>MIAMI FL 33156 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PACKMAN, BRUCE BARTON<br>10900 SW 93RD AVE.<br>MIAMI FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Scott Packman<br>10645 Wilshire Blvd. #402<br>Los Angeles, CA 90024<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>PACKMAN, CILA<br>10900 SW 93RD AVE.<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>PACKMAN, KEVIN ERIC<br>555 N.E. 34TH STREET, STE. 1103<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TREITER, LISA<br>1624 MICANOPY AVENUE<br>MIAMI FL 33133 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Alan Zinkin<br>1500 Bay Road #1016<br>Miami Beach FL 33139<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROSENTHAL, KENNETH<br>6521 S.W. 100TH STREET<br>MIAMI FL 33156 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 617, 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:** Kevin E Packman KEVIN E Packman 1/6/02 305-438-8621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #