

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90066 017 \*\*\*150.00

**DOCUMENT # G74864**

1. Entity Name

**RECOVERY STORE INCORPORATED**

Principal Place of Business

Mailing Address

~~3111 UNIVERSITY DR~~

P. O. BOX 9735

~~#415~~  
CORAL SPRINGS FL 33065  
US

CORAL SPRINGS FL 33075  
US

2. Principal Place of Business

**3300 UNIVERSITY DR**

3. Mailing Address

Suite, Apt. #, etc.

**225**

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS**

City & State

Zip

**33065**

Country

**USA**

Zip

Country

4. FEI Number

**59-2335523**

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

**FARBER, LAWRENCE M.**  
**3111 UNIVERSITY DR**  
**STE 415**  
**CORAL SPRINGS FL 33065**

Name **KAREN SUGERMAN**

Street Address (P.O. Box Number is Not Acceptable)

**801 NE 167TH STREET**

City

**NO. MIAMI BEACH**

FL

Zip Code

**33162**

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

*Karen Sugerman* **KAREN SUGERMAN**

**4/27/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **FARBER, LAWRENCE**  
STREET ADDRESS **3111 UNIVERSITY DR., #415**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **REGISTERED AGENT** ☐ Delete

NAME **KAREN SUGERMAN**  
STREET ADDRESS **801 NE 167ST 2ND FLR**  
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*John Sommerer* **JOHN SOMMERER**

**4/27/01** **954-753-2770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)