

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90125 014 ***150.00

DOCUMENT # G74864

1. Entity Name
RECOVERY STORE INCORPORATED

Principal Place of Business
**3300 UNIVERSITY DR
 #225
 CORAL SPRINGS FL 33065
 US**

Mailing Address
**P. O. BOX 9735
 CORAL SPRINGS FL 33075
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2335523**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SUGERMAN, KAREN
 801 NE 167TH ST
 N. MIAMI BEACH FL 33162**

Name **KAREN SUGERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
801 N.E. 167th St, 2nd Floor
 City **North 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

(SPELLING correction only) Karen Sugerman 7/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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~~ 3300 University Dr.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065 #225**

TITLE Change Addition
 NAME
 STREET ADDRESS **3300 University Drive, Suite #225**
 CITY-ST-ZIP

TITLE **RA** Delete
 NAME **SUGERMAN, KAREN**
 STREET ADDRESS **801 NE 167TH ST 2ND FL**
 CITY-ST-ZIP **N.MIAMI BEACH FL 33162**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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: *Karen Sugerman as personal representative of estate of* **7/15/02** **305 455-2040**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

#B74804
121936

KAREN SUGERMAN, ESQUIRE
Attorneys at Law
801 N.E. 167th Street, 2nd Floor
North Miami Beach, Florida 33162

Telephone:
(305) 455-2040

Facsimile:
(305) 455-2276

July 16, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

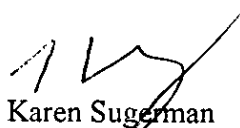
Re: RECOVERY STORE INCORPORATED

Dear Sir or Madam:

This confirms my conversation with your office instructing me to forward to you the 2002 Uniform Business Report together with a check in the amount of \$150.00 instead of the \$550.00 indicated in the body of the report as a result of our failure to receive the initial report from the Division of Corporations.

Thank you for your prompt and courteous attention.

Very truly yours,


Karen Sugerman

KS:ff

Enclosure