FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jul 18, 2002 8:00 am DOCUMENT # G74864 **Secretary of State** 1. Entity Name 07-18-2002 90125 014 ***150 00 RECOVERY STORE INCORPORATED Principal Place of Business Mailing Address 3300 UNIVERSITY DR P. O. BOX 9735 #225 **CORAL SPRINGS FL 33075** CORAL SPRINGS FL 33065 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2335523 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOGERMAN, KAREN 801 NE 167TH ST N. MIAMI BEACH FL 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, typed or printed name of r 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE FARBER, LAWRENCE NAME NAME 344-UNIVERSITY DR. #415_ 3300 Universite D 3300 University Drive, Suite #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP RA Delete TITLE Change ☐ Addition SUGERMAN, KAREN NAME NAME STREET ADDRESS 801 NE 167TH ST 2ND FL STREET ADDRESS CITY-ST-ZIP N.MIAMI BEACH FL 33162 CITY-ST-ZIP TITLE Delete · ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Kinewidwaman as personal representative

HACCHMENT

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KAREN SUGERMAN, ESQUIRE

Attorneys at Law

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North Miami Beach, Florida 33162

Telephone:
(305) 455-2040

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

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