

2002 UNIFORM BUSINESS REPORT (UBR)

0006780

DOCUMENT # N01000000229

1. Entity Name

SPECIALIZED THERAPEUTIC & ALTERNATIVE REHABILITATION SERVICES, INC.

Principal Place of Business

Mailing Address

2850 N FEDERAL HWY. 4TH FLOOR
LIGHTHOUSE POINT FL 33064

2850 N FEDERAL HWY. 4TH FLOOR
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

100 N. Riverside Drive
Suite, Apt. #, etc.

100 N. Riverside Dr.
Suite, Apt. #, etc.

City & State

City & State

Pompano Bch FL

Pompano Beach

Zip

Country

Zip

Country

33062 USA

33062 USA

4. FEI Number

651075905

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

TURPEAU, BRENDA P

2850 N FEDERAL HWY, 4TH FLOOR
LIGHTHOUSE POINT FL 33064

Name

BRENDA P. TURPEAU

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

10 N. RIVERSIDE DRIVE

City

POMPANO BEACH

FL

Zip Code

33062

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

(NOTE: Registered Agent signature required when reinstating)

8/15/02
DATE

After September 13, 2002,
min. will be \$236.25.

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
PRESIDENT/TREASURER/SECT. ☐ Delete
BRENDA P. TURPEAU
10 N. RIVERSIDE DRIVE
POMPANO BEACH, FL. 33062 **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-CARL ALLISON ☐ Delete
5155 NW 74th Ter
Lauderhill, FL 33319 **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300008966443
02/19/03--01008--027 **175.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
CURLEY PREJEAN ☐ Delete
8500 MAR-LEE Rd
JACKSONVILLE, FL 32244 **D**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

BRENDA P. TURPEAU

8/15/02 954787-3456

CR2E037 (4/02)