

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003324

1. Entity Name

RECOVERY AT OCEAN WAY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90363 007 ****61.25

Principal Place of Business

Mailing Address

7430 OCEAN TERRACE
MIAMI BEACH FL 33140

7430 OCEAN TERRACE
MIAMI BEACH FL 33141-2719

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

65-0923279

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

SS
SCHLOSS, ALLEN R
7430 OCEAN TERRACE
MIAMI BEACH FL 33140

Name

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

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

Allen R. Schloss

Pres. ALLEN R. Schloss

4/30/00

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 PD SCHLOSS ☐ Delete
NAME SCHLOSS, ALLEN R
STREET ADDRESS 9240 EMERSON AVENUE
CITY-ST-ZIP SURFSIDE FL 33154

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

TITLE STD ☐ Delete
NAME SCHLOSS, MATTHEW S
STREET ADDRESS 9240 EMERSON AVENUE
CITY-ST-ZIP SURFSIDE FL 33154

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

TITLE VD ☒ Delete
NAME GLOVER, JAMES
STREET ADDRESS 7430 OCEAN TERRACE
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE D ☐ Delete
NAME SEGAL, SCOTT DR
STREET ADDRESS 1065 NE 125TH ST #403
CITY-ST-ZIP N MIAMI FL 33161

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

TITLE D ☐ Delete
NAME LEVINE, JACK
STREET ADDRESS 16855 NE 2ND AVE #303
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
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Allen R. Schloss REQUALIFIED ALLEN R. Schloss

4/30/00

305 866-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #