

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005653

1. Entity Name

7TH AVENUE RECOVERY, INC.

Principal Place of Business

Mailing Address

25 NORTHWEST 7TH AVENUE
FT LAUDERDALE FL 33301

25 NORTHWEST 7TH AVENUE
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

7 Avenue Recovery, Inc.
Suite, Apt. #, etc.

25 NW 7AVE
Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale Fla.

Zip
33311

Country

Zip

Country

4. FEI Number 31-1693350

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MOORE, MATHIS
3333 NE 20TH AVE, APT 26
FORT LAUDERDALE FL 33306 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
MCGEE, JUANITA
765 RIVERSIDE DRIVE
FORT LAUDERDALE FL 33312 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MOORE, KATHERINE
3333 N.E. 20TH STREET, #26
FT. LAUDERDALE FL 33306 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BEAUFORT, AUDREY
765 RIVERSIDE DRIVE
FT. LAUDERDALE FL 33312 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Mathis Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-07-2002 90330 001 *****8.75

05-07-2002 90330 002 *****61.25



DO NOT WRITE IN THIS SPACE

CR2007 (9/01)