

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90065 028 ****61.25

DOCUMENT # N99000007447

1. Entity Name

Comprehensive Treatment Services, INC.

Principal Place of Business

Mailing Address

640 N.E. 149th St.
Miami, FL 33161

640 N.E. 149th St.
Miami, FL 33161

00100430

2. Principal Place of Business

640 N.E. 149th St.

3. Mailing Address

640 N.E. 149th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL 33161

City & State

Miami FL 33161

4. FEI Number

65-0969766

Applied For

Not Applicable

Zip

33161

Country

U.S.A

Zip

33161

Country

U.S.A

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

Peter Z. Petr.
1220 N.E. 207th St
Miami, FL 33179

Name

Hubert Campbell

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

640 N.E. 149th St

City

Miami

FL

Zip Code

33161

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

Hubert Campbell

Hubert Campbell

4-30-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	President/Vice Pres	<input type="checkbox"/> Delete
NAME	Daphne Campbell.	
STREET ADDRESS	640 N.E. 149th St.	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Hubert Campbell	
STREET ADDRESS	640 N.E. 149th St	
CITY-ST-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres./Vice Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daphne Campbell.	
STREET ADDRESS	640 N.E. 149th St	
CITY-ST-ZIP	Miami, FL 33161	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hubert Campbell.	
STREET ADDRESS	640 N.E. 149th St	
CITY-ST-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Hubert Campbell

Hubert Campbell
Sec.

Date

Daytime Phone #

CR2E037 (9/99)