

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90230 044 \*\*\*\*61.50

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

660056

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

City & State

Miami FL

4. FEI Number

65-0969766

Applied For

Not Applicable

Zip

33161

Country

Miami-Dade

Zip

33161

Country

Miami-Dade

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

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

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

Hubert Campbell

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/01

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

TITLE	P/J.D.	<input type="checkbox"/> Delete
NAME	Daphne Campbell	
STREET ADDRESS	640 N.E. 149th St.	
CITY-STATE-ZIP	Miami FL 33161	
TITLE	Sec.	<input type="checkbox"/> Delete
NAME	Hubert Campbell	
STREET ADDRESS	640 N.E. 149th St.	
CITY-STATE-ZIP	Miami, FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

2. 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 Sec.

Date

Daytime Phone #

CR2E037 (11/00)