

2001. UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90642 029 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000042028	
1. Entity Name RECOVERY INTERESTS, INC.	
Principal Place of Business 816 N.W. 6TH AVE. FT. LAUDERDALE, FL 33311-7223	Mailing Address P.O. BOX 220126 CHICAGO, IL 60622
2. Principal Place of Business 816 N.W. 6TH AVE. Suite, Apt. #, etc. UNIT A City & State FT. LAUDERDALE, FL 33311 Zip 33311 Country USA	3. Mailing Address P.O. BOX 220126 Suite, Apt. #, etc. City & State CHICAGO, IL 60622 Zip 60622 Country USA

4. FEI Number 36-4423101		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GORDON A. DIETERLE 2300 GLADES ROAD, SUITE 400 EAST TOWER BOCA RATON, FL 33431		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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DIRECTOR <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARD B. LEB	NAME	NAME	NAME
STREET ADDRESS 2701 OCEAN BLVD. APT. 12 C	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP FT. LAUDERDALE, FL 33308	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE PRESIDENT <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDWARD B. LEB	NAME	NAME	NAME
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CITY-ST-ZIP FT. LAUDERDALE, FL 33308	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **EDWARD B. LEB, PRESIDENT** **4/30/01** **800/652-5949**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)