

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -6 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21040

DOCUMENT # P01000003457

1. Entity Name
Achievement Rehabilitation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1419-B Washington Ave.

3. Mailing Address
1419-B Washington Ave.

City & State
Miami Beach, FL

City & State
Miami Beach, FL

Zip
33139

Country
USA

Zip
33139

Country
USA

4. FBI Number
65-1069907

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
Lester A. Hammond III

Street Address (P.O. Box Number is Not Acceptable)
4499-A 7601, E. Treasure Dr. # 2312

City
North Bay Village

State
FL

Zip Code
33141

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Lester Hammond III* *Lester Hammond III* DATE *4-19-02*

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. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Lester A. Hammond III 7601 E. Treasure Dr. North Bay Village, FL 33141</i>
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Lester Hammond III* *Lester A. Hammond III* DATE *4-19-02* (305) 609-3936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *President* Date Daytime Phone #

CR2E034B (12/01)