

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060863

1. Entity Name **SUBSTANCE ABUSE Centers of America Inc**  
**20100 WEST COUNTRY CLUB Drive #306**  
**Aventura, FL 33180**

Principal Place of Business  
**20100 West Country Club Drive #306**  
**Aventura FL 33180**

Mailing Address

FILED

02 NOV 18 AM 10:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

000009043180  
 11/18/02--01016--010 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-118405</b>	Applied For <input type="checkbox"/> Not Applicable
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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 **LAURA M. EISENSTEIN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20100 WEST COUNTRY CLUB DR #306**  
 City **AVENTURA** FL Zip Code **33180**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

11-11-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOVEMBER 18, 2002  
 MAY 1, 2001 Fee will be \$550.00  
 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	<b>PRESIDENT</b> <b>LAURA M. EISENSTEIN</b> <b>20100 WEST COUNTRY CLUB DR #306</b> <b>AVENTURA FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-11-02

DATE

Daytime Phone #

CR2E034 (11/00)

**Substance Abuse Centers of America, Inc.**

20100 West Country Club Drive #306  
Aventura, FL 33180

November 11, 2002

Dept of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

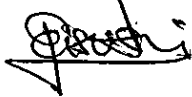
RE: P01000060863  
~~2002 Annual/Uniform Business Report~~

Dear Representative,

Included is the 2002 Uniform Business Report. Since I incorporated last year I did not know about this report. I assure you I did not receive any notification about this report during this year. I just found out about the status of this corporation recently and was surprised to find out it was dissolved.

As such, please accept this check for \$150.00 to process my 2002 Uniform Business Report. I assure you all future reports will be filed timely now that I know of this filing requirement..

Sincerely,



~~Laura M. Eisenstein~~  
President

## AFFIDAVIT

BE IT ACKNOWLEDGED, that **Laura M. Eisenstein** of **Aventura, Florida**, the undersigned deponent, being of legal age, does hereby depose and say under oath as follows:

I did not receive by mail or any other mode any notifications from the Division of Corporation pertaining to the 2002 Corporate Annual Report.

And I affirm that the foregoing is true except as to statements made upon information and belief, and as to those I believe them to be true.

Witness my hand under the penalties of perjury this 11<sup>th</sup> day of November, 2002:

  
Name


Laura Eisenstein

Address

20100 W. Country Club Dr #306  
Aventura, FL, 33180

**STATE OF FLORIDA**  
**COUNTY OF DADE**

On **November 11, 2002** before me, Sophia Lima, personally appeared **Laura M. Eisenstein**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is in his/her authorized capacity, and that by his/her signature on this instrument the person, or entity upon which this person acted, executed this instrument. WITNESS my hand and official seal.

  
Sophia Lima



Sophia Lima  
Commission # CG 910604  
Expires Feb. 15, 2004  
Bonded Thru  
Atlantic Bonding Co., Inc.

Affiant

☒ Known

☐ Unknown Organization  
ID Produced \_\_\_\_\_