

2002 UNIFORM BUSINESS REPORT (UBR)

02-27-2002 90180 001 ***298.75
P96000043305

DPRE519

DOCUMENT # P96000043305

1. Entity Name
ECONOMIC OPPORTUNITY TREATMENT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 21 PM 2:09

Principal Place of Business
**700 S. ROYAL POINCIANA BLVD
SUITE 300
MIAMI SPRINGS FL 33166**

Mailing Address
**700 S. ROYAL POINCIANA BLVD
SUITE 300
MIAMI SPRINGS FL 33166**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number **65-0722429**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GRIFFITH, ROLPH D
9245 S.W. 157TH STREET
SUITE 203
MIAMI FL 33157**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 VP	<input checked="" type="checkbox"/> Delete
NAME BROWN WALTER	
STREET ADDRESS 700 S. ROYAL POINCIANA BLVD, STE 300	
CITY-ST-ZIP MIAMI SPRINGS FL 33166	
TITLE SA	<input type="checkbox"/> Delete
NAME BROWN WALTER	
STREET ADDRESS 5001 N.W. 2ND AVENUE	
CITY-ST-ZIP MIAMI FL 33143	
TITLE PT	<input checked="" type="checkbox"/> Delete
NAME MUNROE, ANTHONY E	
STREET ADDRESS 700 S. ROYAL POINCIANA BLVD., STE 300	
CITY-ST-ZIP MIAMI SPRINGS FL 33166	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Anthony E. Munroe	
STREET ADDRESS 700 S. Royal Poinciana Blvd, Suite 300	
CITY-ST-ZIP Miami Springs, FL 33166	
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	

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: *Anthony E. Munroe* **2/8/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)