

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000083817**

1. Entity Name

**ADULT RECOVERY CORP.****FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90020 016 \*\*\*150.00

Principal Place of Business

11355 SOUTHWEST 84TH ST  
MIAMI FL 33173

Mailing Address

11355 SOUTHWEST 84TH ST  
MIAMI FL 33173-3639

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

65-0701543

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**CORPCO INC.**  
**2699 SOUTH BAYSHORE DRIVE 7TH FLOOR**  
**MIAMI FL 33133**

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, 2000 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P SHAHAM, JACOB 9101 SW 103 ST. MIAMI FL		<input type="checkbox"/>			<input type="checkbox"/>
VP MANKOFF, LARRY 8900 SW 107 AVE., STE. 201 MIAMI FL		<input type="checkbox"/>			<input type="checkbox"/>
S SHAHAM, HELEN 9101 SW 103 ST. MIAMI FL		<input type="checkbox"/>			<input type="checkbox"/>
T BITTAN, AVI 13503 SW 104 CT. MIAMI F		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>

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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000 (305) 470-7000