

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90060 004 ***150.00

025788 AV

DOCUMENT # P97000032532

1. Entity Name
TRIUMPH RECOVERY, INC.

Principal Place of Business

**4530 PRAIRIE AVENUE
 MIAMI FL 33140
 US**

Mailing Address

**4530 PRAIRIE AVENUE
 MIAMI FL 33140
 US**

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 **65-0760272**

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

**SANDBERG, NEAL L
 2650 BISCAYNE BLVD.
 MIAMI FL 33137**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, ROBERT	
STREET ADDRESS	12000 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TURETSKY, ERIC	
STREET ADDRESS	12000 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROOK, MATHEW	
STREET ADDRESS	4530 PRAIRIE AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAPIRO, ROBERTA	
STREET ADDRESS	4530 PRAIRIE AVE	
CITY-ST-ZIP	MB FL 33140	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, ROBERTA	
STREET ADDRESS	4530 PRAIRIE AVE	
CITY-ST-ZIP	MB FL 33140	
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)(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: ROBERTA SHAPIRO **REQUIRED** SHAPIRO 4-20-02 315-5389766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)