

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072934

1. Entity Name

LAST HOUSE RECOVERY PROGRAM, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90041 033 ***150.00

Principal Place of Business

457 N.E. 136 ST.
 NORTH MIAMI FL 33161

Mailing Address

457 N.E. 136 ST.
 NORTH MIAMI FL 33161-3726

2. Principal Place of Business

1960 S. GLADES DA 1030 NE 121 ST.
 Suite, Apt. #, etc. N. Miami Beach FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

BREAYNE PARK FL

4. FEI Number

65-0776053

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DANIELS, THOMAS
 457 N.E. 136 ST.
 NORTH MIAMI FL 33161

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, THOMAS	
STREET ADDRESS	457 N.E. 136 ST.	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, SHELLY	
STREET ADDRESS	457 N.E. 136 ST.	
CITY - ST - ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STOLLER, RANDY	
STREET ADDRESS	20381 N.E. 30 AVE.	
CITY - ST - ZIP	MIAMI FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOSNELL, JACK	
STREET ADDRESS	2950 N.E. 190 ST. #304	
CITY - ST - ZIP	MIAMI FL 33180	
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		<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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Thomas Daniels* President 4-25-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)