

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90186 029 ***150.00

DOCUMENT # F99000001651

1. Entity Name

AMERICAN BUREAU OF COLLECTIONS, INC.

Principal Place of Business

Mailing Address

**1100 MAIN STREET
 BUFFALO NY 14209**

**1100 MAIN STREET
 BUFFALO NY 14209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1390185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2001 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	CVPS	<input type="checkbox"/> Delete
NAME	HERER, HARVEY L	
STREET ADDRESS	169 REGATTA DR.	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HERER, DAVID L	
STREET ADDRESS	65 MIDDLESEX RD.	
CITY-ST-ZIP	BUFFALO NY 14216	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMAN, IRVING	
STREET ADDRESS	164 DON TROY	
CITY-ST-ZIP	WILLIAMSVILLE NY 14221	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, JORDAN	
STREET ADDRESS	58 THE HAMLET	
CITY-ST-ZIP	EAST AMHERST NY 14051	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEMSKY, HOWARD	
STREET ADDRESS	181 MORRIS AVENUE	
CITY-ST-ZIP	BUFFALO NY 14214	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herer, Harvey L.	
STREET ADDRESS	169 Regatta Drive	
CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herer, David L.	
STREET ADDRESS	65 Middlesex Road	
CITY-ST-ZIP	Buffalo, NY 14216	
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: _____

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

716-878-2847

Daytime Phone #

CR2E034 (10/00)