

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90366 010 ***150.00

DOCUMENT # V61514

1. Entity Name
B-4 COLLECTION, INC.

Principal Place of Business
**5053 EGRET POINT CIR.
 BOCA RATON FL 33431**

Mailing Address
**5053 EGRET POINT CIR.
 BOCA RATON FL 33431**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**945 Hillsboro Mile
 Hillsboro Beach, FL**

3. Mailing Address
**945 Hillsboro Mile
 Suite, Apt. #, etc.**

City & State
33062

City & State
Hillsboro Beach, FL

4. FEI Number **65-0366315**

Applied For
 Not Applicable

Zip **33062** Country **BROWARD**

Zip **33062** Country

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

6. Name and Address of Current Registered Agent

**BEGELMAN, MARK DAVID
 5053 EGRET POINT CIR.
 BOCA RATON FL 33431**

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 **\$5.00 May Be**
 Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEGELMAN, MARK 5053 EGRET POINT CIR. BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BEGELMAN, PAMELA 5053 EGRET POINT CIR. BOCA RATON FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS change only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 945 Hillsboro Mile Hillsboro Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	945 Hillsboro Mile Hillsboro Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mark David Begelman **PRESIDENT** **4-20-02** **954-788-9160**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)