2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # 266630** 1. Entity Name COLLECTION BUREAUS, INC. 03-22-2000 90045 011 ***150.00 Mailing Address Principal Place of Business 2876 EAST OAKLAND PARK BLVD. 2876 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306-1814 FT. LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0995796 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCE, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 2876 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition TITLE ☐ Delete FRANCE, JOHN J. NAME NAME STREET ADDRESS STREET ADDRESS 5750 S.W. 9TH ST. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FRANCE, JEAN NAME STREET ADDRESS 5750 S.W. 9TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachmen with an address, with all other like empowered.

ME OF SIGNING OFFICER OR DIRECTOR

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