

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004125

1. Entity Name

COUNTY CREDIT CONTROL COMPANY  
Collection Bureau of America

Principal Place of Business

Mailing Address

191 WEST 25TH AVENUE  
SAN MATEO CA 94403

191 WEST 25TH AVENUE  
SAN MATEO CA 94403-2259

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90020 034 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

25954 Eden Landing Road

25954 Eden Landing Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

First Floor

First Floor

City & State

City & State

Hayward, CA

Hayward, CA

Zip

Country

Zip

Country

94545

94545

4. FEI Number

94-1478327

Applied For

Not Applicable

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DE LUNA, RICHARD	
STREET ADDRESS	191 WEST 25TH AVENUE	
CITY-ST-ZIP	SAN MATEO CA 94403	
TITLE	V	<input type="checkbox"/> Delete
NAME	DE LUNA, MATILDE	
STREET ADDRESS	191 WEST 25TH AVENUE	
CITY-ST-ZIP	SAN MATEO CA 94403	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DE LUNA, SHAWN	
STREET ADDRESS	191 WEST 25TH AVENUE	
CITY-ST-ZIP	SAN MATEO CA 94403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25954 Eden Landing Rd., 1st FL
CITY-ST-ZIP	Hayward, CA 94545
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25954 Eden Landing Rd., 1st FL
CITY-ST-ZIP	Hayward, CA 94545
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	25954 Eden Landing Rd., 1st FL
CITY-ST-ZIP	Hayward, CA 94545
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/00 510-781-5128

CR2E034 (9/99)