## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # F98000004125 COLLECTION BUREAU OF AMERICA, LTD. INC. 02-01-2001 90077 023 \*\*\*150.00 Principal Place of Business Mailing Address 25954 EDEN LANDING ROAD 25954 EDEN LANDING ROAD FIRST FLOOR FIRST FLOOR U0011978 HAYWARD CA 94545 HAYWARD CA 94545 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-1478327 Not Applicable Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition DE LUNA, RICHARD 439, 5 per NAME NAME 25954 EDEN LANDING RD, 1ST FL STREET ADDRESS STREET ADDRESS HAYWARD CA 94545 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE DE LUNA, MATILDE NAME NAME STREET ADDRESS 25954 EDEN LANDING RD. 1ST FL STREET ADDRESS CITY:ST-ZIP: ~ HAYWARD CA:94545---- = CITY\_ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DE LUNA, SHAWN NAME NAME 25954 EDEN LANDING RD. 1ST FL STREET ADDRESS STREET ADDRESS HAYWARD CA 94545 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 1 \* \* 1 . TE 6 . TE STREET ADDRESS STREET ADDRESS 1.75 CITY-ST-ZIP CITY-ST-ZIP TITLE 建设性现代 医偏身 医大口管 髓神经 TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS the state of the training of the CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing goes 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 and abcurate 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 that 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. SHAWN DELUNA 1/22/01 SIGNATURE: SNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #