

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004923

1. Entity Name

FIRST PERFORMANCE RECOVERY CORP.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90003 022 ***150.00

Principal Place of Business

SUITE 601
4901 NW 17TH WAY
FORT LAUDERDALE FL 33309

Mailing Address

SUITE 601
4901 NW 17TH WAY
FORT LAUDERDALE FL 33309-3775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0854325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 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

TITLE V/T
NAME LINARES, RONALD
STREET ADDRESS 4901 N.W. 17TH WAY, SUITE 601
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☒ Delete

TITLE PSD
NAME TONETTI, JOHN C
STREET ADDRESS 600 PILOT ROAD SUITE B
CITY-ST-ZIP LAS VEGAS NV 89119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME CARMINE DORIO
STREET ADDRESS 4901 NW 17TH WAY SUITE 601
CITY-ST-ZIP FORT LAUDERDALE FL 33309 ☐ Change ☒ Addition

TITLE TREASURER/SECRETARY
NAME JOHN ARCHER
STREET ADDRESS 2740 N. DALLAS PKWY SUITE 250
CITY-ST-ZIP PLANO, TX 75093 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMINE DORIO

1/6/00

Date

954-771-6670

Daytime Phone #

CR2E034 (9/99)