

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 3:35

DOCUMENT # J52999 (6)

1. Corporation Name

UNIVERSAL BILLING AND COLLECTION SERVICES, INC.

Principal Place of Business

**P.O. BOX 3390
HALLANDALE FL 33008-3390**

Mailing Address

**P.O. BOX 3390
HALLANDALE FL 33008-3390**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/13/1987

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2773123

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 P.O. Box 5208

2a. Mailing Address

25 P.O. Box 5208

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

27 City & State

28 Ft. Lauderdale, FL

Zip

24 33310-5208

Country

25 US

Zip

29 33310-5208

Country

30 US

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PCD
NAME ROSENBERG, RALPH
STREET ADDRESS 1800 N.E. 114TH STREET, #7910
CITY-ST-ZIP MIAMI FL 33181**

**TITLE V
NAME GUTHRIE, WILLIAM
STREET ADDRESS 1250 EAST HALLANDALE BEACH BLVD., STE. 700
CITY-ST-ZIP HALLANDALE FL 33009**

**TITLE V
NAME BROWN, JAMES
STREET ADDRESS 1250 EAST HALLANDALE BEACH BLVD., STE. 700
CITY-ST-ZIP HALLANDALE FL 33009**

**TITLE S
NAME BROWN, MORRIS C
STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 800
CITY-ST-ZIP WEST PALM BEACH FL 33401**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

N/A - remove

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

**D.P.
GUTHRIE, WILLIAM
1663 N. ATLANTIC BLVD.
FT. LAUDERDALE, FL 33305**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

N/A - remove

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

N/A - remove

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Guthrie

Mar 31, 1995 355-938-3770