

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L53249**

1. Entity Name

CAPITAL Recovery Service INC

Principal Place of Business

Mailing Address

**22896 Greenview Terr
Boca Raton FL 33433**

2. Principal Place of Business

3. Mailing Address

**22896 Greenview Terr
Boca Raton FL 33433**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton FL 33433

Boca Raton FL

4. FEI Number

65-0173126

Applied For

Not Applicable

Zip

Country

Zip

Country

33433

FL

33433

FL

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

**Anlene Vasi
22896 Greenview Terr
Boca Raton FL 33433**

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

Anlene Vasi

4/24/01

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)

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**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	President Anlene Vasi 22896 Greenview Terr Boca Raton FL 33433	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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:

Anlene Vasi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
May 21, 2001 8:00 am
Secretary of State**

05-21-2001 90365 033 ***150.00

769118

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)