

2001 UNIFORM BUSINESS REPORT (UBR)

6

FILED

Jun 25, 2001 8:00 am
Secretary of State

06-04-2001 90016 014 ***550.00

DOCUMENT # P00000063384

1. Entity Name:

FLORIDA COLLECTION ASSOCIATES, INC.

Principal Place of Business

12781 BIRD ROAD SUITE G
MIAMI FL 33175

Mailing Address

12781 BIRD ROAD SUITE G
MIAMI FL 33175

2. Principal Place of Business

13000 SW 133 CT

Suite, Apt. #, etc.

3. Mailing Address

13000 SW 133 CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number

65-1024690

Applied For

Not Applicable

Zip

33186

Country

MIAMI DADE

Zip

33186

Country

MIAMI DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SORDIA, JOSE ENRIQUE
12781 BIRD ROAD SUITE G
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name SORDIA JOSE E

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

13000 SW 133 CT

MIAMI FL

City

FL

Zip Code

33186

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

JOSE E SORDIA

5/25/01

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

(NOT: 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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00
to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SORDIA, JOSE ENRIQUE	
STREET ADDRESS	12781 BIRD ROAD SUITE G	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORDIA JOSE E	
STREET ADDRESS	13000 SW 133 CT	
CITY-ST-ZIP	MIAMI FL 33186	
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		
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; that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/01

305 225-7245

Date

Daytime Phone

CR2E034 (10/00)