

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91598 025 ***158.75

DOCUMENT # P00000077698

1. Entity Name
METRO DADE RECOVERY BUREAU, INC.

Principal Place of Business

18790 SW 105 PLACE
MIAMI FL 33157

Mailing Address

P.O. BOX 972177
MIAMI FL 33157

2. Principal Place of Business

10470 SW 187 ST.
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33157

Country

U.S.

Zip

Country

4. FEI Number **65-1032461**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 CORAL WAY
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

Kerri Clardy

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

10470 SW 187 St.

City

MIAMI

FL

Zip Code

33157

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

Kerri M. Clardy
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-9-02

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, 2002 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 ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **CLARDY, EDWIN F**
 CITY-ST-ZIP **18790 SW 105 PLACE**
MIAMI FL 33157

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **PSTD**
 STREET ADDRESS **CLARDY, EDWIN**
 CITY-ST-ZIP **10470 SW 187 ST.**
MIAMI, FL. 33157

TITLE ☐ Change ☒ Addition
 NAME **VB**
 STREET ADDRESS **CLARDY, KERRI**
 CITY-ST-ZIP **10470 SW 187 ST.**
MIAMI, FL. 33157

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

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

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

TITLE ☐ Change ☐ 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or as an attachment with an address, with all other like empowered.

SIGNATURE: *Kerri M. Clardy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4-9-02

Date

305-251-3449

Daytime Phone #

CR2034 (9/01)