

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90160 017 \*\*\*150.00

**DOCUMENT # P01000027237**

1. Entity Name

**NATIONAL FINANCIAL RECOVERY SERVICES, INC.**

Principal Place of Business

~~14645 NORTHWEST 77TH AVENUE~~

~~SUITE 107~~

~~MIAMI LAKES FL 33014~~

Mailing Address

POST OFFICE BOX 172408

HALEAH FL 33017

2. Principal Place of Business

**6043 NW 107 STREET**

Suite, Apt. #, etc.

**SUITE A-2**

City & State

**HALEAH**

Zip

**33015**

Country

**USA**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

Zip

**33017**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1083797**

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.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**3.29.02**

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 **PSTD** ☐ Delete  
 NAME **ALVAREZ, NINA C**  
 STREET ADDRESS **14645 NORTHWEST 77TH AVENUE**  
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **6043 NW 107 ST SUITE A-2**  
 CITY-ST-ZIP **HALEAH, FL 33015**

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

TITLE ☐ Change ☐ Addition  
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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 on an attachment with an address, with all other line empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

**3.29.02**

Date

Daytime Phone #

**305-819-5554**

CR2E034 (9/01)