FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 28 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000043260

1. Entity Name

Recover Earnings Group Inc.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
12717 West Sunrise Blvd	12717 West Sunrise Blvd
Suite, Apt. #, etc. #426	Suite, Apt. #, etc. #426
City & State Sunrise, Florida	City & State Sunrise Florida
Zip 33323 Country USA	Zip 33323 Country Broward

4. FEI Number 69-1119267 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Alicia Delfino

Street Address (P.O. Box Number is Not Acceptable) 13733 NW 22 place

City Sunrise FL Zip Code 33323

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 Alicia A. Delfino Alicia Delfino 5/8/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Secretary / Director Alicia Delfino 13733 NW 22 place Sunrise Florida 33323
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Courtney Brown 11326 NW 65 manor Parkland Fla. 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. Rooney Tennant 4223 Bayside Village Drive Unit #328 Tampa, Florida 33615
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alicia A. Delfino President 5/8/02 954.851.1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #