

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91154 018 ***150.00

DOCUMENT # P01000077831

1. Entity Name
MONEY RECOVERY SERVICES, INC.



Principal Place of Business
495 NORTHEAST 142ND STREET
NORTH MIAMI, FL 33161-3130

Mailing Address
495 NORTHEAST 142ND STREET
NORTH MIAMI, FL 33161-3130

11040725

2. Principal Place of Business
5601 HOLLYWOOD BOULEVARD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
HOLLYWOOD FL 33021

City & State

Zip
33021

Country
USA

Zip

Country

4. FEI Number
051130381

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

☒ Applied For
☐ Not Applicable



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI, FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Carol V Pavlack PRESIDENT 5/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PAVLACK, DANIEL V 780 NE 199 STREET A S-206 NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HAHN, EARL R 495 NORTHEAST 142ND STREET NORTH MIAMI, FL 331613130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carol V Pavlack PRESIDENT 5/1/03 3056531493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)