

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000088902

FILED
Feb 10, 2003
Secretary of State

Entity Name: NATIONAL FINANCIAL RECOVERY CORPORATION

Current Principal Place of Business:

19000 NE 3 CT #418
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

P O BOX 641296
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-1136179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEITZMAN, MICHAEL
19000 NE 3 CT #418
MIAMI, FL 33179

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KAPLAN, BRUCE
Address: 614 N 32 CT
City-St-Zip: HOLLYWOOD, FL 33021

Title: VD () Delete
Name: WEITZMAN, MICHAEL
Address: 19000 NE 3 CT #418
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KAPLAN, BRUCE
Address: 2551 STANWELL DRIVE, UNIT B
City-St-Zip: CONCORD, CA 94520

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WEITZMAN

VD

02/10/2003

Electronic Signature of Signing Officer or Director

Date