

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106123

1. Entity Name  
AMALGAMATED DEBT COLLECTION SERVICES, INC.



Principal Place of Business  
1470 NW 107 AVE  
MIAMI FL 33172

Mailing Address  
1470 NW 107 AVE  
MIAMI FL 33172

*JA*

03 OCT 24 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2003

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0032180

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAZ, JUAN J  
1470 NW 107 AVE  
MIAMI FL 33172

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
DIAZ, JUAN J  
STREET ADDRESS  
1470 NW 107 AVE  
CITY-ST-ZIP  
MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900024104899  
10/27/03--01030--004 \*\*708.75 ☐ Change ☐ Addition

TITLE  
NAME  
DIAZ, MARGARITA J  
STREET ADDRESS  
1470 NW 107 AVE  
CITY-ST-ZIP  
MIAMI FL 33172 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
10/27/03--01030--004 \*\*708.75 ☐ Change ☐ Addition

TITLE  
NAME  
DIAZ-BLANCO, JUAN J  
STREET ADDRESS  
1470 NW 107 AVE  
CITY-ST-ZIP  
MIAMI FL 33172 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIAZ 10-21-03 305-477-8821  
Date Daytime Phone #

CR2E034 (10/02)

0289943 AV