

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000050183**

1. Entity Name

COMPLETE COLLECTION SERVICE OF SOUTH FLORIDA, IN**FILED****Jan 18, 2000 8:00 am
Secretary of State**

01-18-2000 90195 049 ***150.00

Principal Place of Business

Mailing Address

5353 N. FEDERAL HWY.
200
FORT LAUDERDALE FL 33308
US5353 N. FEDERAL HWY.
200
FORT LAUDERDALE FL 33334-3928
US

C0004502



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4833 N. Dixie Hwy
Suite, Apt. #, etc.4833 N. Dixie Hwy
Suite, Apt. #, etc.

City & State

City & State

Oakland Park FL

Oakland Park FL

4. FEI Number

65-0423955

Applied For

Not Applicable

Zip

Country

Zip

Country

33334 Broward

33334 Broward

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

ALLEN, RICHARD
5353 NORTH FEDERAL HWY.
200
FT LAUDERDALE FL 33308

Name

ALLEN, RICHARD

Street Address (P.O. Box Number is Not Acceptable)

4833 N. Dixie Hwy

City

Oakland Park

FL

Zip Code
33334

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME ALLEN, RICHARD
STREET ADDRESS 5353 N. FEDERAL HWY #200
CITY-ST-ZIP FT LAUDERDALE FLTITLE P ☐ Change ☐ Addition
NAME ALLEN, RICHARD
STREET ADDRESS 4833 N. Dixie Hwy
CITY-ST-ZIP Oakland Park, FL 33334TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD M. ALLEN

954-491-1974

Date

Daytime Phone #