

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

DOCUMENT # **P94000068179**

1. Entity Name

USA Collections Group Inc.



FILED

03 APR 24 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6108 S Dixie Highway
Suite, Apt. #, etc. #4**

3. Mailing Address

Same

DO NOT WRITE IN THIS SPACE

City & State

**WEST Palm Beach FL
Zip 33405 Country PALM BEACH**

City & State

Zip Country

4. FEI Number

65-0517699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ARMANDO ROCA ET JR

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

327 ELLAMAR RD.

City

West Palm Beach

FL

Zip Code

33405

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)

04/20/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**ARMANDO ROCA ET JR (Pres)
327 ELLAMAR RD.
West Palm Beach FL 33405**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**900016960629
04/24/03--01057--006 **150.00**

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
**PATRICIA DELGADO ROCA ET (VP)
327 ELLAMAR RD.
West Palm Beach FL 33405**

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CITY-ST-ZIP

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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 on an attachment with an address, with an office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 / 21 / 2003

**561-252-
2090
4/24**

CR2E034B (12/02)