

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90939 034 ***150.00

DOCUMENT # P96000045846

1. Entity Name

THE INTERNATIONAL RECOVERY FIRM, INC.

Principal Place of Business

2699 STIRLING RD
SUITE B 303
FT LAUDERDALE FL 33312

Mailing Address

2699 STIRLING RD
SUITE B 303
FT LAUDERDALE FL 33312

00059733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 Ravenswood Rd
Suite, Apt. #, etc. 219

3. Mailing Address

4101 Ravenswood Rd
Suite, Apt. #, etc. 219

City & State

Dania

City & State

Dania

4. FEI Number

65-0689473

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, ART
2699 STIRLING ROAD
B-203
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name **Art Guzman**
Street Address (P.O. Box Number is Not Acceptable)
4101 Ravenswood Road Ste. 219
City **Dania** FL Zip Code **33312**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/2001

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	D	<input type="checkbox"/> Delete
NAME	GUZMAN, ART	
STREET ADDRESS	4747 HOLLYWOOD BOULEVARD, SUITE 262	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Art Guzman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4101 Ravenswood Road Ste 219	
STREET ADDRESS	Dania, FL 33312	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/25/2001

CR2E034 (10/00)