

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018270

1. Entity Name

REALITY RECOVERIES & INVESTIGATIONS, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90122 037 \*\*\*150.00

Principal Place of Business

Mailing Address

430 ANSIN BLVD  
HALLANDALE FL 33009  
US

2582 SW 23 TER  
FT LAUDERDALE FL 33008-0871

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 871

Hallandale, Florida

33008

USA

4. FEI Number

65-0743867

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

SHOLAR, MARK A  
2582 SW 23 TER  
FT LAUDERDALE FL 33312

Name

Mark A. Sholar

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

430-H Ansin Blvd.

City

Hallandale

FL

Zip Code

33009

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 Mark A. Sholar, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/00

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 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 ☐ Delete

NAME  
D  
SHOLAR, MARK A  
STREET ADDRESS  
2582 SW 23 TER  
CITY-ST-ZIP  
FT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
D  
SHOLAR, KAREN A  
STREET ADDRESS  
2582 SW 23 TER  
CITY-ST-ZIP  
FT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

Mark A. Sholar  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

(954) 455-2778

Daytime Phone #

CR2E034 (9/99)