

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90043 046 \*\*\*158.75

DOCUMENT # P97000065975

1. Entity Name

~~PHOENIX INDUSTRIES OF U.S.A., INC.~~

*Comtreau Collections Corporation*

Principal Place of Business

2561 NW 107 AVE  
MIAMI FL 33172  
US

Mailing Address

15476 NW 77 CT  
#363  
MIAMI LAKES FL 33016

547425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*2565 NW 107 AVE*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*MIAMI FL*

City & State

4. FEI Number 65-0772456

Applied For

Not Applicable

Zip

*33172*

Country

*USA*

Zip

Country

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

TORRES, RAFAEL  
15476 NW 77 COURT  
#363  
MIAMI LAKES FL 33016

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.

SIGNATURE

*Rafael Torres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☒ Delete  
NAME SUAREZ, JOSE A  
STREET ADDRESS 2561 NW 107 AVE  
CITY-ST-ZIP MIAMI FL 33172

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

TITLE VPST, President ☐ Delete  
NAME TORRES, RAFAEL R  
STREET ADDRESS 15476 NW 77 COURT #363  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE P, VP, S, T ☒ Change ☐ Addition  
NAME TORRES, RAFAEL R.  
STREET ADDRESS 15476 NW 77 COURT #363  
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ 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

*Rafael Torres*

Date

Daytime Phone #

*4-30-01*

*786-371-6993*

CR2E034 (10/00)