DOCUMENT # P97000072202 1. Entity Name GET PAID BILLING & COLLECTION SERVICES, INC.					FILED				
Principal Plac	e of Business	Mailing Address			┥ 00	FEB 25 AM	11:37		
655 NW 128 STREET					OF	AMETABY AT	C TATE .	مر ،	
			, a'a		SE STAT	CRETARY OF LAH ASOEDA	STATE ATHROUGH		•
MIAMI, FL 33168		MIAMI FL 33168-2735	٠.			LATINOCEFT	LONIOA		;
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2. Principal P	lace of Business	3. Mailing Address		••		EN HELD BEN TEN BEN E	HAN HAND WELL WHILE	RAL RELIEF	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE OF				
Ch. P. Co.		City & Class			4 FEI Rumber or annual Applied For				7
City & Stat	e	City & State			4. IFEI MUMDER	65-0776746	 	lot Applicable	·
Zip Country		Zip	Cou	ntry	5. Certificate of S	Status Desired	\$8.75 Ac		1
ļ	6. Name and Address of Current	Davidson d Basel	L			dress of New Registr	Fee Requir	ed	┨
 	6. Name and Address of Current	registered Agent		Name	7. Italia ello Au	uleas of New Youns	erou Agent		1
INCO)rva; john — — —			Street Address	(P.O. Box Number is	Not Acceptable)			
	NW 128 STREET								1
	E 110]
	Al FL 33168			City			FL Zip Cox	de	
8. The above	named entity submits this statement to	r the purpose of changing its	register	ed office or regist	ered agent, or both, in	the State of Florida.			-
	्रका	R.L.	/	Ja- 35 _	PRES.	. /4	1200		
SIGNATURE .	Storagure, typed or printed name or recovered acent		E: Registers	ed Agent signature requir	ad when reinstating)	·/ ·	ATE		
									
	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW				n Campaign Financing und Contribution.		00 May Be	
(See criter	ria on back)	Make Check Payat	ile to D	epartment of St	ate				
11.	OFFICERS AND		12.		ADDITIONS/CH.	ANGES TO OFFICERS	AND DIRECTOR Change	Addition	Į ą
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STREET ADDRESS	655 NW 128 ST-	• • •		EET ADORESS	•	•			喜
CITY-ST-ZIP	MIAMI FL 33168		_	/-ST-ZIP				- Addition	CROFORM (9/09
NAME	VP ROTHBERG, ALAN	☐ Delete	TITL	- t			Change	☐ Addition	
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		☐ Delete	nam Stri	lE .					,
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with		nam Stri City	LE EET AODRESS '-ST-ZIP	Section 119.07(3Xi), Fi	oride Statutes. I furthe	er certify that the	information	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated of the core	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation and track-	this filing does not qualify to true and accurate and that r wered to execute this report	STRI CITY or the exe my signa as requi	EET ADDRESS -ST-ZIP -mption stated in Street shall have the	iection 119.07(3)(i), Fi e same legal effect as 7, Florida Statutes; au	orida Statutes. I furthe it made under oath; th nd that my name appe	er certify that the	information	
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated of the core	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee amplion or on an attachment with an address.	this filing does not qualify to true and accurate and that r wered to execute this report	STRI CITY or the exe my signa as requi	EET ADDRESS -ST-ZIP -mption stated in Street shall have the	Section 119.07(3Xi), Fl e same legal effect as 17, Florida Statutes; au	orida Statutes. I furthe it made under oath; th nd that my name appe	er certify that the institution and office hars in Block 11 o 2/22/20 30	information	