

2001 UNIFORM BUSINESS REPORT (UBR)

1/25/01-90055-001-\$300.00-\$150.00

DOCUMENT # P98000020420

1. Entity Name
R. W. COLLECTIONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV -5 AM 8:00

Principal Place of Business
C/O MARINA BARTUREN
100 S.E. 2ND STREET, SUITE 2610
MIAMI FL 33131

Mailing Address
C/O MARINA BARTUREN
100 S.E. 2ND STREET, SUITE 2610
MIAMI FL 33131

2. Principal Place of Business
19055 S.W. 128 Ave.
Suite, Apt. #, etc.

3. Mailing Address
100 S.E. 2nd Street Suite 880
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
Zip
33177
Country
USA

City & State
Miami, FL
Zip
33130
Country
USA

4. FEI Number
65-1138895
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREKELER, WILLIAM
100 S.E. 2ND STREET
SUITE 2610
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTDS
KREKELER, WILLIAM
19055 S.W. 128 AVE.
MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: William Krekeler William Krekeler 1/12/01 342-1567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Marina Barturen - Attorney-at-Law

October 22, 2001

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: R.W. Collections, Inc. EIN: 65-1138895

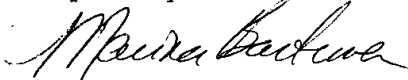
To whomever it may concern:

The undersigned represents R. W. Collections, Inc. I have just received your Notice of Administrative Dissolution relative to the above captioned corporation. There must be a mistake. I previously forwarded in care of your office the properly executed Annual Business report including the Federal employer Identification Number for this corporation. A copy is attached for your review.

Payment had been previously forwarded as recognized in your letter of January 27, 2001. Can you assist me in correcting this problem?

Please call me upon receipt so that I may be assured that if you should have any further questions or concerns, I will gladly be of assistance.

Very Truly Yours,



Marina Barturen