

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106561

1. Entity Name

QUICK TRACE RECOVERY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90088 010 ***150.00

Principal Place of Business

Mailing Address

PO BOX 848893
PEMBROKE PINES FL 33084

PO BOX 848893
PEMBROKE PINES FL 33084-0893

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0905759

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

BELBEN, ALEXANDRA
3777 NW 78TH AVE
SUITE 7G
DAVIE FL 33024

Name

ALEXANDRA BELBEN

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

4485 STIRLING RD # 209

City

Fort Lauderdale

FL

Zip Code

33314

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

3/3/00

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 PT ☐ Delete
NAME BELBEN, ALEXANDRA
STREET ADDRESS 3777 NW 78 AVE #76
CITY-ST-ZIP DAVIE FL 33024

TITLE PT ☒ Change ☐ Addition
NAME BELBEN, ALEXANDRA
STREET ADDRESS 4485 STIRLING RD # 209
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE VS ☐ Delete
NAME ZACHARZUK, RICHELLE
STREET ADDRESS 3777 NW 78 AVE #76
CITY-ST-ZIP DAVIE FL 33024

TITLE VS ☒ Change ☐ Addition
NAME ZACHARZUK, RICHELLE
STREET ADDRESS 4485 STIRLING RD #209
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Date

Daytime Phone #

3/3/00

(941) 797-7376

CR2E034 (9/99)