

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2001 8:00 am
Secretary of State

08-06-2001 90004 033 ***150.00

0062797
 AV

DOCUMENT # P99000011020

1. Entity Name

AUTHORIZATION, BILLING, & COLLECTIONS, INC.

Principal Place of Business

3275 NW 44TH STREET

APT. 5

FT. LAUDERDALE FL 33309

Mailing Address

3275 NW 44TH STREET

APT. 5

FT. LAUDERDALE FL 33309

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

65-0895959

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

GARRO, LISA M

3275 NW 44TH STREET

APT. 5

FT. LAUDERDALE FL 33309

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

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 \$550.00

After September 12, 2001 Fee will be \$750.00
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 **P**
 STREET ADDRESS **GARRO, LISA**
 CITY-ST-ZIP **3275 NW 44TH STREET, APT. 5**
FORT LAUDERDALE FL 33309

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE REQUIRED

5/01/01

(954) 796-8560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lisa M. Garro, President

CR2E034 (5/01)

Attachment Doc# P99000011020
B0667518

JOHN A. SMITH, P.A.

CERTIFIED PUBLIC ACCOUNTANT

MEMBER:

AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

CORAL SPRINGS PROFESSIONAL CENTER
10231 WEST SAMPLE ROAD
CORAL SPRINGS, FLORIDA 33065
(954) 796-8560
FAX (954) 796-8202

July 26, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref: Authorization, Billing & Collections, Inc. # P99000011020

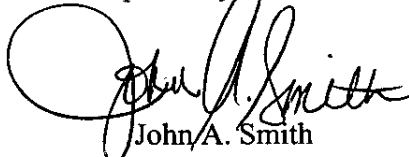
Dear Sir or Madam,

I am writing you about the above corporation. The corporation received a second notice on its 2001 Uniform Business Report. The original Uniform Business Report was mailed together with payment on April 13, 2001. Since the report was hand delivered to the United States Post Office, we assumed that it would be delivered timely. This is the first notice that we have had that indicated there was a problem.

At this time we are respectfully requesting that the \$400 penalty be waived. In the future we will be sure to send them in certified to insure that they will not be lost in the mail.

Thanking you in advance for your cooperation in this matter.

Respectfully submitted,


John A. Smith
Certified Public Accountant