

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013411

1. Entity Name

FINANCIAL RECOVERY, INC.

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

03-06-2000 90091 045 ***150.00

Principal Place of Business	Mailing Address
80 S.W. 8TH ST. STE. 2203 MIAMI FL 33130	80 S.W. 8TH ST. STE. 2203 MIAMI FL 33130-3004

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 2250	Suite, Apt. #, etc. 2250
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City & State	City & State
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Zip 33129	Country	Zip 33129	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0927821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
KENNEY, JUDITH 777 BRICKELL AVE. STE. 1070 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 _____ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEAGUDO, ORLANDO J <input type="checkbox"/> Delete 80 S.W. 8TH ST. STE. 2203 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APFEL, KAY H <input type="checkbox"/> Delete 80 S.W. 8TH ST. STE. 2203 MIAMI FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 S.W. 8TH STREET, SUITE 2250 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 80 S.W. 8TH STREET, SUITE 2250 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ORLANDO J. MONTEAGUDO, Director 3/1/00 305-536-6191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #