

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90031 021 ***150.00

0478973

DOCUMENT # P99000082702

1. Entity Name

RECEIVABLES MANAGEMENT GROUP, INC.

Principal Place of Business

**8505 MILANO DRIVE, #1817
 ORLANDO FL 32810**

Mailing Address

**PO BOX 940715
 MAITLAND FL 32794**

2. Principal Place of Business

129 NW 109 Ave

3. Mailing Address

PO Box 660482

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

MIA. FL

Zip

33026

Country

US

Zip

33266

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0948911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BLAKE, DENA MARIA
 16580 SOUTH POST ROAD #304
 WESTON FL 33331**

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 **Dena M. Blake DP**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/01

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	DP	<input type="checkbox"/> Delete
NAME	BLAKE, DENA MARIA	
STREET ADDRESS	16580 SOUTH POST ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	EVERING, CHRISTOPHER J	
STREET ADDRESS	16580 SOUTH POST ROAD	
CITY-ST-ZIP	WESTON FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, DENA Maria	
STREET ADDRESS	P.O. Box 660482	
CITY-ST-ZIP	MIAMI FL 33266	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Evering, Chris J.	
STREET ADDRESS	PO Box 660482	
CITY-ST-ZIP	MIAMI FL 33266	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 lines empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VPD

Date

Daytime Phone #

3/21/01 (54)441-3158

CR2E034 (10/00)