

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90004 043 \*\*\*150.00

**DOCUMENT #** P99000109239 **R**

**1. Entity Name**  
Advantage Collection Services, Inc.

<b>Principal Place of Business</b> <u>6850 Coral Way</u> <u>Miami, FL 33155</u> <u>Suite 308</u>	<b>Mailing Address</b> <u>P.O. Box 44-1534</u> <u>Miami, FL 33144</u>
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<b>2. Principal Place of Business</b> <u>6850 Coral Way</u> <u>Suite, Apt. #, etc.</u> <u>308</u>	<b>3. Mailing Address</b> <u>P.O. Box 44-1534</u> <u>Suite, Apt. #, etc.</u> <u>N/A</u>
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<b>City &amp; State</b> <u>Miami, FL</u>	<b>City &amp; State</b> <u>Miami, FL</u>
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<b>Zip</b> <u>33155</u>	<b>Country</b> <u>U.S.A.</u>	<b>Zip</b> <u>33144</u>	<b>Country</b> <u>U.S.A.</u>
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00066340

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
Anicia Morales  
6850 Coral Way  
Suite 308  
Miami, FL 33155

**4. FEI Number** 65-0977652 **Applied For**  
☐ **Not Applicable**

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

**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** Helen Borges **DATE** 5/31/00

Signature, typed or printed name of registered agent and title, if applicable (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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <u>PD</u>	<b>NAME</b> <u>HELEN BORGES</u>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <u>6850 Coral Way - Suite 308</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33155</u>	
<b>TITLE</b> <u>VPD</u>	<b>NAME</b> <u>Sandra Diaz</u>	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> <u>6850 Coral Way - Ste. 308</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33155</u>	
<b>TITLE</b> <u>JD</u>	<b>NAME</b> <u>HELEN BORGES</u>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <u>6850 Coral Way - Ste. 308</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33155</u>	
<b>TITLE</b> <u>TD</u>	<b>NAME</b> <u>Sandra Diaz</u>	<input checked="" type="checkbox"/> Delete
<b>STREET ADDRESS</b> <u>6850 Coral Way - Ste. 308 - Miami, FL</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33155</u>	
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>	
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<input type="checkbox"/> Delete
<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <u>PD</u>	<b>NAME</b> <u>HECTOR BORGES</u>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u>3435 N.W. 4 Street</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33125</u>	
<b>TITLE</b> <u>VPD</u>	<b>NAME</b> <u>HELEN BORGES</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u>6850 Coral Way - Suite 308</u>	<b>CITY-ST-ZIP</b> <u>Miami, FL 33155</u>	
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>	
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>	
<b>TITLE</b> <u></u>	<b>NAME</b> <u></u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> <u></u>	<b>CITY-ST-ZIP</b> <u></u>	

**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:** Helen Borges **DATE** 5/31/00 **Daytime Phone #** (786) 268-2791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)