

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # V34818**1. Entity Name
ACCOUNTS RECEIVABLE PROFESSIONALS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
123 NW 13TH ST	10863 JAPONICA COURT
STE 214-4	
BOCA RATON FL	BOCA RATON FL
33432	33498

2. Principal Place of Business
2499 GLADES ROAD

3. Mailing Address

Suite, Apt. #, etc.
STE 101City & State
BOCA RATON FLZip Country
33431 US4. FEI Number
65-0339863

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LAW OFFICE OF STEVEN GARELLEK, P.A.**
7000 W. PALMETTO PARK ROAD
SUITE 200
BOCA RATON FL
33433 US**7. Name and Address of New Registered Agent**

Name	STEVEN GARELLEK
Street Address (P.O. Box Number is Not Acceptable)	700 S FEDERAL HWY
SUITE 200	
City	BOCA RATON FL
Zip Code	33432

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 **STEVEN GARELLEK****04/29/2001**

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VPD	☐ Delete
NAME	MALHOTRA CYRUS	
STREET ADDRESS	10863 JAPONICA COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	STD	☐ Delete
NAME	MALHOTRA SURINDAR	
STREET ADDRESS	10863 JAPONICA COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE	PD	☐ Delete
NAME	MALHOTRA THRITY	
STREET ADDRESS	10863 JAPONICA COURT	
CITY-ST-ZIP	BOCA RATON FL 33498	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE		☐ Change ☐ Addition
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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: THRITY MALHOTRA

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)