

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F49082

1. Entity Name

FINANCIAL CREDIT CLEARING HOUSE - 1956 INCORPORA

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90023 018 ***150.00

Principal Place of Business

5701 N PINE ISLAND RD. SUITE 360
PO BOX 26568
TAMARAC FL 33321-4400

Mailing Address

5701 N PINE ISLAND RD. SUITE 360
PO BOX 26568
TAMARAC FL 33321-4400

2. Principal Place of Business

3. Mailing Address

5701 N. PINE ISLAND RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 360

City & State

City & State

TAMARAC FL

Zip

Country

Zip

Country

33321-4400

USA

4. FEI Number

59-2131375

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

RICHMOND, FRED MARTIN
5701 N PINE ISLAND RD
SUITE 360
TAMARAC FL 33321

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	RICHMOND, FRED MARTIN	5701 N PINE ISLD RD #360	FT LAUDERDALE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ENGLEHARDT, ARLENE	5701 N PINE ISLD RD #360	TAMARAC FL 33321	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00

954-726-4300

CR2FD014 (3-9-97)