

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90004 010 \*\*\*\*61.25

**DOCUMENT # N01000004373**

1. Entity Name

**A NEW BEGINNING CREDIT COUNSELING SERVICE, CORP.**

Principal Place of Business

Mailing Address

~~2500 OKEECHOBEE BLVD STE 207~~  
~~WEST PALM BEACH FL 33411~~

~~2900 OKEECHOBEE BLVD STE 207~~  
~~WEST PALM BEACH FL 33411~~

2. Principal Place of Business

*2845 N. Military Trail*

3. Mailing Address

*2845 N. Military Trail*

Suite, Apt. #, etc.

*Suite 22*

Suite, Apt. #, etc.

*Suite 22*

City & State

*West Palm Bch FL*

City & State

4. FEI Number

*65-1121429*

Applied For

Not Applicable

Zip

*33409*

Country

*Palm Bch Cty*

Zip

*33409*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**OLIVA, LILIANA**  
**174 BOBWHITE RD**  
**ROYAL PALM BEACH FL 33411**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>OLIVA, LILIANA</b>	<b>174 BOBWHITE RD</b>	<b>ROYAL PALM BEACH FL 33411</b>	<input type="checkbox"/>
	<i>Secretary</i>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<i>Secretary</i>				
	<b>ENZO OLIVA</b>	<b>174 Bobwhite Rd</b>	<b>R.P. B. FL 33411</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<i>Treasurer</i>				
	<b>GARY OLIVA</b>	<b>174 Bobwhite Rd</b>	<b>R.P. B. FL 33411</b>	<input type="checkbox"/>	<input checked="" 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"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Liliana Oliva*

*2/21/02 561-682-3548*

CR2E037 (9/01)