

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90099 031 ****61.25

HUUSY TDU



DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000001540

1. Entity Name

CONSOLIDATED CREDIT COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

1981 W OAKLAND PARK BLVD
 STE 200
 FT. LAUDERDALE FL 33311
 US

1981 W. OAKLAND PARK BLVD.
 STE 200
 FT. LAUDERDALE FL 33311-1519
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0401491

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DVORKIN, HOWARD S
1981 W. OAKLAND PARK BLVD.
STE 200
FORT LAUDERDALE FL 33311

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

[Handwritten Signature]

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **P DVORKIN, HOWARD S**
 STREET ADDRESS **4901 N.W. 17TH WAY, SUITE 504**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MYRICK, MARY**
 STREET ADDRESS **438 AVONDALE DRIVE, UNIT 107**
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KALIN, WILLIAM**
 STREET ADDRESS **3052-D TREVOR HOUSE DRIVE**
 CITY-ST-ZIP **OAKTON VA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WIEMAN, ANDREW S.**
 STREET ADDRESS **7650 NW 47TH DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D ROSE, HOWARD**
 STREET ADDRESS **P.O. BOX 16224 N/A**
 CITY-ST-ZIP **PLANTATION FL 33318**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Melanie A. Dennis**
 STREET ADDRESS **4655 S. Dixie Hwy, Suite 205**
 CITY-ST-ZIP **Miami FL 33156**

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 954-481-3328
 Date Daytime Phone #

CR2E037 (9/99)