

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

HUUSY TAU



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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DVORKIN, HOWARD S	
STREET ADDRESS	4901 N.W. 17TH WAY, SUITE 504	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYRICK, MARY	
STREET ADDRESS	438 AVONDALE DRIVE, UNIT 107	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALIN, WILLIAM	
STREET ADDRESS	3052-D TREVOR HOUSE DRIVE	
CITY-ST-ZIP	OAKTON VA	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIEMAN, ANDREW S.	
STREET ADDRESS	7650 NW 47TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSE, HOWARD	
STREET ADDRESS	P.O. BOX 16224 N/A	
CITY-ST-ZIP	PLANTATION FL 33318	
TITLE	D	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Melanie A. Dennis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (9/99)