

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

06-12-2001 90002 005 \*\*\*150.00  
 07-10-2001 90130 037 \*\*\*400.00

4060066004



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000017917</b>					
1. Entity Name <b>1 2 3 DEBT CONSOLIDATION, INC.</b>					
Principal Place of Business <b>1390 S. OCEAN BLVD., SUITE 3A POMPANO BEACH FL 33062</b>			Mailing Address <b>1390 S. OCEAN BLVD., SUITE 3A POMPANO BEACH FL 33062</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>5600 HAMMOCK LANE</b> Suite, Apt. #, etc.			
City & State		City & State <b>LAUDERHILL, FL. 33319</b>		4. FEI Number <b>65-0986266</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ELLIOT GREENE, P.A. 7300 W. CAMINO REAL, SUITE 127 BOCA RATON FL 33433</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fee</b>	
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE	<b>P</b>			TITLE	
NAME	<b>KAHN, STEVEN</b>	<input type="checkbox"/> Delete		NAME	
STREET ADDRESS	<b>1390 S. OCEAN BLVD., SUITE 3A</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>X</b> _____				Date: <b>4/24/2001</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	