

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90200 027 \*\*\*\*61.25

**DOCUMENT # N93000001540**

1. Entity Name

**CONSOLIDATED CREDIT COUNSELING SERVICES, INC.**

LA

UUU6U474



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1981 W OAKLAND PARK BLVD STE 200 FT. LAUDERDALE FL 33311 US	Mailing Address 1981 W. OAKLAND PARK BLVD. STE 200 FT. LAUDERDALE FL 33311 US
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2. Principal Place of Business 5701 West Sunrise Blvd Suite, Apt. #, etc. Suite 200 City & State Fort Lauderdale FL Zip 33303	Country	3. Mailing Address 5701 West Sunrise Blvd Suite, Apt. #, etc. Suite 200 City & State Fort Lauderdale FL Zip 33313	Country
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4. FEI Number 65-0401491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Howard S. Dvorkin  
 Street Address (P.O. Box Number is Not Acceptable): 5701 West Sunrise Blvd Suite 200  
 City: Fort Lauderdale FL Zip Code: 33313

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]* Agent DATE: 7/26/01

(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	P DVORKIN, HOWARD S 4901 N.W. 17TH WAY, SUITE 504 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERNIS, MELANIE A 4655 S DIXIE HWY, STE-205 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALIN, WILLIAM 3052-D TREVOR HOUSE DRIVE OAKTON VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEMAN, ANDREW S. 7650 NW 47TH DRIVE CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Horvitz 923 Seagate Drive Delray Beach, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howard S. Dvorkin 7809 Galleon Court Parkland, FL 33067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 7295 S.W. 132nd Street Miami, FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William S. Kalin 10000 Colebrook Ave Patoma, MD 20854	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* 7/26/01 954-484-3328 x20

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CR2E037 (10/00)