

# 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.

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  
 US

UUU60474

2. Principal Place of Business

3. Mailing Address

5701 West Sunrise Blvd  
 Suite, Apt. #, etc.  
 Suite 200

5701 West Sunrise Blvd  
 Suite, Apt. #, etc.  
 Suite 200

City & State  
 Fort Lauderdale FL

City & State  
 Fort Lauderdale FL

4. FEI Number 65-0401491

Applied For  
 Not Applicable

Zip 33303

Country

Zip 33313

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 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

7/26/01

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

TITLE President  
 NAME Howard S. Dvorkin  
 STREET ADDRESS 7809 Galleon Court  
 CITY-ST-ZIP Parkland, FL 33067 ☒ Change ☐ Addition

TITLE D  
 NAME DERNIS, MELANIE A  
 STREET ADDRESS 4655 S DIXIE HWY, STE-205  
 CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE D  
 NAME William S. Kalin  
 STREET ADDRESS 10000 Colebrook Ave  
 CITY-ST-ZIP Patomac, MD 20854 ☒ Change ☐ Addition

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

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

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

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

TITLE Director  
 NAME Michael Horvitz  
 STREET ADDRESS 923 Seagate Drive  
 CITY-ST-ZIP Delray Beach, FL 33483 ☐ Delete

TITLE Director  
 NAME Michael Horvitz  
 STREET ADDRESS 923 Seagate Drive  
 CITY-ST-ZIP Delray Beach, FL 33483 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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]* REQUIRED

7/26/01 954-484-3328 x20

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CR2E037 (10/00)