

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90355 008 ****61.25

DOCUMENT # 722650

1. Entity Name

CONSUMER CREDIT COUNSELING SERVICE OF SOUTH FLOR

Principal Place of Business

Mailing Address

11645 BISCAYNE BLVD.
 STE. 205
 N. MIAMI FL 33181
 US

11645 BISCAYNE BLVD.
 STE. 205
 N. MIAMI FL 33181
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1419799

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

ROTH, STEVEN M ESQ
 16459 NE 6TH AVE
 N MIAMI BCH. FL 33162

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 HUMMEL, PAULA
 11645 BISCAYNE BLVD., STE. 205
 N. MIAMI FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MIKE QUACKENBUSH
 11645 BISCAYNE BLVD # 205
 N. MIAMI, FL. 33181 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CD
 GLADE, JOHN
 11645 BISCAYNE BLVD., #205
 N. MIAMI FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CD
 Randy Steinbeck
 11645 Biscayne Blvd. #205
 N. MIAMI, FL 33181 ☒ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VCD
 TOPINKA, CONCHITA R
 11645 BISCAYNE BLVD STE 205
 NORTH MIAMI FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VCD
 PAULA HUMMEL
 11645 Biscayne Blvd. #205
 N. MIAMI, FL 33181 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PT
 GARNER, PHILLIP L
 11645 BISCAYNE BLVD., #205
 N. MIAMI FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 HALL, FRANK JR
 11645 BISCAYNE BLVD, STE. 205
 NORTH MIAMI FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 Leonard Elias
 11645 Biscayne Blvd. #205
 N. MIAMI, FL. 33181 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPT
 WARRINGTON, JAMES M
 11645 BISCAYNE BLVD. STE #205
 N. MIAMI FL 33181 ☐ 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. Warrington

4/16/01

(305) 892-4261

Date Daytime Phone #

CR2E037 (10/00)