

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J98741

1. Entity Name

CONTINENTAL CREDIT SERVICES OF POMPAÑO, INC.

FILED

Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90050 021 \*\*\*150.00

Principal Place of Business

Mailing Address

1639 N.W. 81ST AVE  
CORAL SPRINGS FL 33071  
US

1639 N.W. 81ST AVE  
351 S CYPRESS RD #310  
CORAL SPRINGS FL 33071-8327  
US

2. Principal Place of Business

1287 N. University Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Coral Springs FL

Zip

33071

Country

3. Mailing Address

1287 N. University Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Coral Springs FL

Zip

33071

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0011036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH, FRED  
1639 N.W. 81ST AVE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

FRED Joseph

Street Address (P.O. Box Number is Not Acceptable)

1287 N. University Drive

Suite 100

City

Coral Springs

FL

Zip Code

33071

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME JOSEPH, FRED  
STREET ADDRESS 1639 N.W. 81ST AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition  
NAME FRED Joseph  
STREET ADDRESS 1287 N. University Dr. Suite 100  
CITY-ST-ZIP Coral Springs FL 33071

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

754-7576020

Daytime Phone #