



FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90084 002 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #M58115			
1. Entity Name CREDIT BUREAU OF SOUTH FLORIDA, INC.			
Principal Place of Business 8125 NW 53 ST SUITE 100 MIAMI, FL 33166 US		Mailing Address 8125 NW 53 ST. SUITE 100 MIAMI, FL 33166 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0043719		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, JANAE M 8125 NW 53 ST., SUITE 100 MIAMI, FL 33166		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing)</small> DATE _____			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SPENCER, JANAE M. 8125 NW 53 ST. SUITE 100 MIAMI, FL <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 607, 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: 		05-29-03 305 592-6370	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)

C
B
S
F

Attachment

90138072

CREDIT BUREAU OF SOUTH FLORIDA, INC.

8125 N.W. 53rd STREET, SUITE 100
MIAMI, FLORIDA 33166-4628

MIAMI PHONE: 305-592-6370
FAX: 305-591-9585

BROWARD PHONE: 954-467-6010

MAY 29, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES STREET
TALLAHASSEE, FLORIDA 32399

RE: UNIFORM BUSINESS REPORT
DOCUMENT # M58115

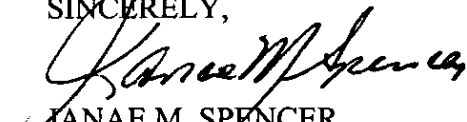
TO WHOM IT MAY CONCERN:

ENCLOSED PLEASE FIND PAYMENT ON CORPORATE FILING FEES FOR CREDIT
BUREAU OF SOUTH FLORIDA, INC..

IT WAS MY ERROR IN NOT FILING ON MAY 1ST, HAVING MISPLACED THE
FILING FORMS I ASSUMED THE DEADLINE WAS MAY 31ST, I HAVE ALSO BEEN
ILL AND OUT OF MY OFFICE FOR A PERIOD OF TWO MONTHS.

IF NECESSARY, PLEASE REVIEW MY RECORDS AS TO MY PROMPT PAYMENTS
AND TAKE IN CONSIDERATION THE REASON FOR THE DELAY.

SINCERELY,


JANAE M. SPENCER
PRESIDENT