2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000823

FILED
Jul 12, 2001 8:00 A.M
Secretary of State

1. Entity Name

ELIMIDEBT MANAGEMENT SYSTEMS, INC.

Principal Place of Business	Mailing Address
2500 E HALLANDALE BEACH BLVD STE 707G HALLANDALE BEACH FL 33009	2500 E HALLANDALE BEACH BLVD STE 707G HALLANDALE BEACH FL 33009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. #405		Suite, Apt. #, etc. #405	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997938 — Applied For / Not Applicable

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
BARBIERI, GAETANO 2500 E HALLANDALE BEACH BLVD STE 707G HALLANDALE BEACH FL 33009	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 resigning) 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	☐ Delete Director MANUEL G. TEIXEIRA 100-11 ASCAN AVE FOREST HILLS, NY 11375	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 03/05/01 90300 030 $61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DIRECTOR CHONG KYU KIM 1590 ANDERSON AVE 18A FT. LEE N.J. 07024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DIRECTOR DENNIS WAISBERG 2149 E 13 ST. BROOKLYN N.Y. 11229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: MANUEL G. TEIXEIRA 7/1/2001 917 533 3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #