

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000001216**

1. Entity Name

PROMISE CONSUMER CREDIT SERVICES, INC.**FILED****Feb 27, 2001 8:00 am
Secretary of State**

02-27-2001 90339 007 ****70.00

Principal Place of Business

3740 N.W. 71 ST.
COCONUT CREEK FL 33073

Mailing Address

~~3740 N.W. 71 ST.~~ **P.O. Box 8152**
~~COCONUT CREEK FL 33073~~ **Jupiter FL**
33468-8152

2. Principal Place of Business

SAME

3. Mailing Address

P.O. Box 8152

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter FL 33468

4. FEI Number

65-0980966

Applied For

Not Applicable

Zip

Country

Zip

Country

33468-8152 Palm Bch.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WORRELL, MARCELLA M
3740 N.W. 71 ST.
COCONUT CREEK FL 33073**

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.

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

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | WORRELL, MARCELLA M | |
| STREET ADDRESS | 3740 N.W. 71 ST. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MENDOZA, DODIE | |
| STREET ADDRESS | 3740 N.W. 71 ST. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | WORRELL, LUZVIMINDA | |
| STREET ADDRESS | 3740 N.W. 71 ST. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SMITH, GENITHA | |
| STREET ADDRESS | 3740 N.W. 71 ST. | |
| CITY-ST-ZIP | COCONUT CREEK FL 33073 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-01 (954) 725-4487

Date

Daytime Phone #

CR2E037 (10/00)