

2001 UNIFORM BUSINESS REPORT (UBR)

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

0048056

DOCUMENT # N00000001227

1. Entity Name

AMERICAN CREDIT COUNSELORS, INC.

08-24-2001 90043 036 ****61.25

Principal Place of Business

8211 W BROWARD BLVD. SUITE 340
 PLANTATION FL 33324

Mailing Address

8211 W BROWARD BLVD. SUITE 340
 PLANTATION FL 33324

80002065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 BAY COLONY LANE
 Suite, Apt. #, etc.

3. Mailing Address

100 BAY COLONY LANE
 Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

65-0942766
APPLIED FOR

Applied For

Not Applicable

Zip

33308-2004

Country

USA

Zip

33308-2004

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KUSHNER, YES ESQ
4000 HOLLYWOOD BLVD, SUITE 435 SOUTH
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name
GEORGE G. LEVIN
 Street Address (P.O. Box Number is Not Acceptable)
100 BAY COLONY LANE
 City
FORT LAUDERDALE FL Zip Code
33308-2004

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

8/20/01

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	D	<input checked="" type="checkbox"/> Delete
NAME	HIRSHBERG, MARC	
STREET ADDRESS	10460 SW 123RD ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERKOWITZ, JOE	
STREET ADDRESS	8211 W BROWARD BLVD, SUITE 340	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, GLENN	
STREET ADDRESS	8211 W BROWARD BLVD, SUITE 340	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERSCHBERG, TERI	
STREET ADDRESS	10460 S.W. 123RD ST	
CITY-ST-ZIP	MIAMI FL 33176	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE G. LEVIN	
STREET ADDRESS	100 BAY COLONY LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308-2004	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK J. PREVÉ	
STREET ADDRESS	1054 NW 121st LANE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33041	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLA SUE LEVIN	
STREET ADDRESS	100 BAY COLONY LANE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308-2004	
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: x

SIGNATURE: **GEORGE G. LEVIN**

8/20/01 (954) 491-6150

CR2E037 (10/00)