2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State DOCUMENT # N0000001227 1. Entity Name **総管RICAN CREDIT COUNSELORS, INC.** 05-09-2002 90014 019 ****61.25 Principal Place of Business Mailing Address 100 BAY COLONY LANE 100 BAY COLONY LANE FORT LAUDERDALE FL 33308-2004 FORT LAUDERDALE FL 33308-2004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0942766 Not Applicable Zip___ Country-Zip -Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 紀VIN. GEORGE G Street Address (P.O. Box Number is Not Acceptable) 100 BAY COLONY LANE FORT LAUDERDALE FL 33308-2004 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Addition LEVIN, GEORGE G NAME NAME 100 BAY COLONY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308-2004 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition PREVE, FRANK J NAME NAME STREET ADDRESS 1054 NW 121ST LANE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33041 CITY-ST-ZIP D TITLE Delete TITLE ☐ Change Addition LEVIN, GAYLA S NAME NAME STREET ADDRESS 100 BAY COLONY LANE STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33308-2004 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP I hereby certify that the information supplied with this filing g does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information daccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be execute this peport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true of the corporation or the receiver trustee empowers or trustee empowered t

SIGNATURE:

changed, or on an attachmen

George G. Lans 4-30-62 954-49/-6/50