

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90030 002 ****70.00

DOCUMENT # N00000004829

1. Entity Name

INNER CITY CREDIT COUNSELING SERVICES, INC.

Principal Place of Business

Mailing Address

16208 NE 12TH AVENUE
 NORTH MIAMI BEACH FL 33162

16208 NE 12TH AVENUE
 NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

3. Mailing Address

P.O. Box 69-3574

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami, FL

4. FEI Number

65-1027875

Applied For

Not Applicable

Zip

Country

Zip

Country

33269

USA

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

DOLNIER, PAUL M
16208 NE 12TH AVENUE
NORTH MIAMI BEACH FL 33162

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARKS, MITCHELL S**
 CITY-ST-ZIP **16208 NE 12TH AVENUE**
NORTH MIAMI BEACH FL 33162

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MARKS, MITCHELL S**
 CITY-ST-ZIP **701 NW 210 St. #511**
Miami, FL 33169

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARKS, VIVIAN**
 CITY-ST-ZIP **16208 NE 12TH AVENUE**
NORTH MIAMI BEACH FL 33162

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **MARKS, VIVIEN M**
 CITY-ST-ZIP **701 NW 210 St. #511**
Miami, FL 33169

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DOLNIER, PAUL M**
 CITY-ST-ZIP **16208 NE 12TH AVENUE**
NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/01

3056513923

CR2E037 (10/00)