

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005575**

1. Entity Name

FEDERATED FINANCIAL CREDIT COUNSELING CORP.**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90043 018 ****61.25

0051567

Principal Place of Business

23123 ST RD 7
BOCA RATON FL 33428

Mailing Address

23123 ST RD 7
BOCA RATON FL 33428

2. Principal Place of Business

5527 N. Military Trail

3. Mailing Address

Suite, Apt. #, etc.
Apt. 1408

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

33496

Country

U.S.A.

Zip

Country

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

RECORE, RICHARD
23123 ST RD 7
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

Kokinos, Peter

Street Address (P.O. Box Number is Not Acceptable)

5527 N. Military Trail, Apt. 1408

City

Boca Raton

FL

Zip Code
33496

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.

By: Peter Kokinos

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 16, 2001

DATE

FILE NOW:
FEE IS \$61.259. 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 type="checkbox"/> Delete
NAME	RECORE, RICHARD	
STREET ADDRESS	23123 ST RD 7	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOKINOS, PETER	
STREET ADDRESS	23123 ST RD 7	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTMARQUETTE, ROBERT	
STREET ADDRESS	23123 ST RD 7	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Recore, Richard	
STREET ADDRESS	700 Banyan Trail, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kokinos, Peter	
STREET ADDRESS	5527 N. Military Trail, Apt. 1408	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Montmarquette, Robert	
STREET ADDRESS	700 Banyan Trail, Suite 200	
CITY-ST-ZIP	Boca Raton, FL 33431	
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:By: **Richard J. Recore** (Richard J. Recore)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16, 2001 (561)

Date

Daytime Phone #

470-
0893

CR2E037 (10/00)