

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0051567

DOCUMENT # N00000005575

1. Entity Name

FEDERATED FINANCIAL CREDIT COUNSELING CORP.

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

Principal Place of Business 23123 ST RD 7 BOCA RATON FL 33428	Mailing Address 23123 ST RD 7 BOCA RATON FL 33428
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2. Principal Place of Business 5527 N. Military Trail Suite, Apt. #, etc. Apt. 1408	3. Mailing Address Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State
Zip 33496	Country U.S.A.

4. FEI Number Applied For	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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.

SIGNATURE By: Peter Kokinos *Peter Kokinos* DATE April 16, 2001

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RECORE, RICHARD 23123 ST RD 7 BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKINOS, PETER 23123 ST RD 7 BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTMARQUETTE, ROBERT 23123 ST RD 7 BOCA RATON FL 33428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Recore, Richard 700 Banyan Trail, Suite 200 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kokinos, Peter 5527 N. Military Trail, Apt. 1408 Boca Raton, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Montmarquette, Robert 700 Banyan Trail, Suite 200 Boca Raton, FL 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE April 16, 2001 (561) 470-0893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)