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01 MAY 23 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

2001 UBR

2001 FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N000000008550

1. Corporation Name

Credit Restoration Service, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report
1/1/2001

4. FEI Number 65-1063249 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1514 Ives Dairy Road

26 19900 Highland Lakes Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL

28 North Miami Beach FL

Zip

County

Zip

County

24 33179

25 Miami-Dade

29 33179

30 Miami-Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporate Creations Network Inc.
941 Fourth Street #200
Miami Beach, FL 33139

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☒ DELETE
NAME Gailyn Maack
STREET ADDRESS 1514 Ives Dairy Road
CITY-STATE-ZIP Miami, FL 33179

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Director
1.3 STREET ADDRESS Robert Gianantonio
1.4 CITY-STATE-ZIP 1514 Ives Dairy Road
Miami, FL 33179

TITLE Director ☐ DELETE
NAME Robert Lee
STREET ADDRESS 1514 Ives Dairy Road
CITY-STATE-ZIP Miami, FL 33179

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME Director, President
2.3 STREET ADDRESS Robert Lee
2.4 CITY-STATE-ZIP 1514 Ives Dairy Road
Miami, FL 33179

TITLE Director ☐ DELETE
NAME Wayne Murray
STREET ADDRESS 1514 Ives Dairy Road
CITY-STATE-ZIP Miami, FL 33179

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME Director
3.3 STREET ADDRESS Wayne Murray
3.4 CITY-STATE-ZIP 1514 Ives Dairy Road
Miami, FL 33179

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/01

Deputy Phone #

900004302049-5

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Abbie Hodge