

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-13-2003 90051 027 ****61.25

DOCUMENT # N01000001145

1. Entity Name

DEBTTERMINED INC.



Principal Place of Business

8130 GLADES RD. STE 204
BOCA RATON FL 33434

Mailing Address

8130 GLADES RD. STE 204
BOCA RATON FL 33434

55004612

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-1076392

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GURIAN, JORGE
75 VALENIA AVE, 4 FLOOR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P CARRASQUILLO, JASON	<input type="checkbox"/> Delete
STREET ADDRESS	8122 GLADES RD, STE 204	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	S CARRASQUILLO, JASSA	<input type="checkbox"/> Delete
STREET ADDRESS	8122 GLADES RD, STE 204	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P CARRASQUILLO, JASON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8130 GLADES RD #204	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	S CARRASQUILLO JASSA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8130 GLADES RD #204	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME	D SAIVAS, BRITTANY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8130 GLADES RD #204	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: ~~SIGNATURE REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-02

CR2E037 (10/02)