

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002710

1. Entity Name

CREDIT MANAGEMENT ASSOCIATES, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90224 001 ****61.25

Principal Place of Business

Mailing Address

7710 COLONY DRIVE
BOYNTON BEACH FL 33436

7710 COLONY DRIVE
BOYNTON BEACH FL 33436

2. Principal Place of Business

3. Mailing Address

2328 10th Ave North

2328 10th Ave North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 203

Suite 203

City & State

City & State

Lake Worth FL

Lake Worth NJ

Zip

Country

Zip

Country

33461

USA

33461

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

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

KROSS, JONATHAN P
2461 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442

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 D ☐ Delete
NAME PISICCHIO, JOSEPH
STREET ADDRESS 7710 COLONY DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE D ☐ Delete
NAME WALENSKY, LAWRENCE
STREET ADDRESS 2081 MISTY HOLLOW DRIVE
CITY-ST-ZIP WALL NJ 07719

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

TITLE D ☐ Delete
NAME WALENSKY, FLORENCE G
STREET ADDRESS 2081 MISTY HOLLOW DRIVE
CITY-ST-ZIP WALL NJ 07719

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/02 561-582-2122

CR2E037 (9/01)