

not for
**PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **NO1000003093**

1. Entity Name

CLEAR A DEBT, INC

FILED

03 FEB 19 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2700 EAST HALLANDALE

3. Mailing Address

Suite, Apt. #, etc.

61

Suite, Apt. #, etc.

City & State

HALLANDALE, FLA

City & State

Zip

33009

Country

BROWARD

Zip

Country

4. FEI Number

65-1097887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CASEY S. MASMAN

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

2520 VAN BUREN ST. TOWNHOUSE 14

HOLLYWOOD

City

FL

Zip Code

33020

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IN THIS SPACE**

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

1/27/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DIRECTOR
NAME	ROBERT H. KIM
STREET ADDRESS	436 PINE HILL RD.
CITY-ST-ZIP	LEONIA N.J. 07605
TITLE	DIRECTOR
NAME	DENNIS VAISBERG
STREET ADDRESS	2149 EAST 13TH ST.
CITY-ST-ZIP	BROOKLYN, N.Y.
TITLE	DIRECTOR
NAME	CHO YOUNG KIM
STREET ADDRESS	1590 ANDERSON AVE #18A
CITY-ST-ZIP	FT. LEE, NJ 07024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT KIM **2/14/03** **201-944-2424**

CR2E034B (12/01)