

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000004373

1. Entity Name

A NEW BEGINNING CREDIT COUNSELING SERVICE, CORP.

Principal Place of Business

Mailing Address

~~2900 OKEECHOBEE BLVD STE 207~~
WEST PALM BEACH FL 33411

~~2900 OKEECHOBEE BLVD STE 207~~
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

2845 N. Military Trail

2845 N. Military Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 22

Suite 22

City & State

City & State

West Palm Bch FL

4. FEI Number

Applied For

65-1121429

Not Applicable

Zip

Country

Zip

Country

33409

Palm Bch city

33409

USA

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

OLIVA, LILIANA
174 BOBWHITE RD
ROYAL PALM BEACH FL 33411

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 OLIVA, LILIANA
STREET ADDRESS 174 BOBWHITE RD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE SECRETARY ☐ Change ☒ Addition
NAME ENZO OLIVA
STREET ADDRESS 174 Bobwhite RD
CITY-ST-ZIP R.P.B. FL 33411

TITLE Secretary ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Change ☒ Addition
NAME GARY OLIVA
STREET ADDRESS 174 Bobwhite RD
CITY-ST-ZIP R.P.B. FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 of Enzo Oliva

2/21/02 561-682-3548

CR2E037 (9/01)