

AMENDED

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

FILED

02 AUG -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000005397

1. Entity Name

NATIONWIDE CONSUMER CREDIT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5460 N. State Road 7

Suite, Apt. #, etc.
Suite 229

3. Mailing Address

5460 N. State Road 7

Suite, Apt. #, etc.
Suite 229

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip
33319

Country
USA

Zip
33319

Country
USA

4. FEI Number

311789647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mark Forstein

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

5460 N. State Road 7

Suite 229

City

Ft. Lauderdale

FL

Zip Code
33319

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

Mark Forstein

Mark Forstein, Registered Agent

7/19/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
P/D
Mark Forstein
STREET ADDRESS
5460 N. State Road 7, #229
CITY-ST-ZIP
Ft. Lauderdale, FL 33319

TITLE
NAME
D
Kevin Borwick
STREET ADDRESS
5460 N. State Road 7, #229
CITY-ST-ZIP
Ft. Lauderdale, FL 33319

TITLE
NAME
D
Kurt Borwick
STREET ADDRESS
5460 N. State Road 7, #229
CITY-ST-ZIP
Ft. Lauderdale, FL 33319

TITLE
NAME
Ft. Lauderdale, FL 33319

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Forstein

Mark Forstein, Pres.

7/19/02

(954) 714-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)