

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90027 033 ****61.25

DOCUMENT # N01000008477

1. Entity Name

AMERICAN CREDIT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

8211 W. BROWARD BLVD.
 #340
 PLANTATION FL 33324

8211 W. BROWARD BLVD.
 #340
 PLANTATION FL 33324

2. Principal Place of Business

3. Mailing Address

10173 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

4. FEI Number

65-1159451

Applied For

Not Applicable

Zip

Country

33324

USA

Zip

Country

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

BERKOVITS
 BERKOVITZ, JOE S
 8211 W. BROWARD BLVD.
 #340
 PLANTATION FL 33324

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 BERKOVITZ, JOE S
 STREET ADDRESS 8211 W. BROWARD BLVD. #340
 CITY-ST-ZIP PLANTATION FL 33324

TITLE ☒ Change ☐ Addition
 NAME BERKOVITZ, JOE S.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME LAGO, JESUS A
 STREET ADDRESS 8211 W. BROWARD BLVD. #340
 CITY-ST-ZIP PLANTATION FL 33324

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

TITLE D ☐ Delete
 NAME VASQUEZ, MERYL B
 STREET ADDRESS 8211 W. BROWARD BLVD. #340
 CITY-ST-ZIP PLANTATION FL 33324

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 another, like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02

954-475 3199

Date

Daytime Phone #

CR2E037 (9/01)