

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-12-2001 90220 009 \*\*\*\*70.00

**DOCUMENT # N40623**

1. Entity Name

**CREDIT COUNSELING CONSUMER ASSISTANCE CORP.**

Principal Place of Business

Mailing Address

4816 SW 28TH TR  
FT LAUDERDALE FL 33312  
US

4816 SW 28TH TR  
FT LAUDERDALE FL 33312  
US

2. Principal Place of Business

4808 SW 28<sup>th</sup> TR

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

City & State

33312 US

Zip

Country

3. Mailing Address

4808 SW 28<sup>th</sup> TR

Suite, Apt. #, etc.

FT. LAUDERDALE FL

City & State

33312

Country

US

4. FEI Number

65-0241133

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORDES, SUSAN  
4836 S.W. 28TH TERRACE  
FORT LAUDERDALE FL 33312

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

TITLE: P + D  
NAME: FISTELL, CINDY  
STREET ADDRESS: 10300 NW 103RD LANE  
CITY-ST-ZIP: MIAMI FL ☐ Delete

TITLE: VP + D  
NAME: STARK, RONNIE  
STREET ADDRESS: 4709 SW 28TH AVE  
CITY-ST-ZIP: FT LAUDERDALE FL 33312 ☐ Delete

TITLE: ST + D  
NAME: MORDES, SUSAN  
STREET ADDRESS: 4836 S.W. 28 TERRACE  
CITY-ST-ZIP: FORT LAUDERDALE FL 33312 ☐ Delete

TITLE: D  
NAME: MILLER, RUTH  
STREET ADDRESS: 1332 S.W. 30TH STREET  
CITY-ST-ZIP: FORT LAUDERDALE FL 33315 ☒ Delete

TITLE: D  
NAME: KENDA, ANN  
STREET ADDRESS: 5552 S.W. 28TH TERRACE  
CITY-ST-ZIP: FT. LAUDERDALE FL 33312 ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE: D  
NAME: Dmariann Schwartz  
STREET ADDRESS: 7080 EVITON BLVD #224  
CITY-ST-ZIP: LAUDERHILL, FL 33319 ☐ Change ☐ Addition

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

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

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

SUSAN MORDES

Date

02/10/01

Daytime Phone #

CR2037 (10/00)