

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N40623

FILED
Aug 30, 2002
Secretary of State

Entity Name: CREDIT COUNSELING CONSUMER ASSISTANCE CORP.

Current Principal Place of Business:

4808 SW 28TH TRAIL
FT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

4808 SW 28TH TRAIL
FT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 65-0241133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORDES, SUSAN
4836 S.W. 26TH TERRACE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISTELL, CINDY
Address: 10300 NW 103RD LANE
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: STARK, RONNIE
Address: 4709 SW 28TH AVE
City-St-Zip: FT LAUDERDALE, FL 33312

Title: ST () Delete
Name: MORDES, SUSAN
Address: 4836 S.W. 26 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: SCHWARTZ, MARIANN
Address: 7080 EIVRON BLVD #224
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: KENDA, ANN
Address: 5552 S.W. 28TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN MORDES

S/T

08/30/2002

Electronic Signature of Signing Officer or Director

Date