2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2000 8:00 am Secretary of State 03-06-2000 90058 036 ****61.25

☐ Change

☐ Addition

DOCUMENT # N42691

CREDIT COUNSELORS OF NORTH AMERICA INC.						03-06-2000	0 90058 036	5 ****61.2	.5
Princip	al Place of Business	Mailing Address			_				
OGI W. OAKLAND PARK UITE 101 ORT LAUDERDALE FL 33311 S Principal Place of Business 3.17 NW JORN TEYN. Suite, Apt. #, etc. 408		1061 W. OAKLAND PARK BOULEVARD SUITE 101 FT. LAUDERDALE FL 33311-1600 US 3 Mailing Address 33/7 Nw 10 N Ten # Suite, Apt. #, etc. # "U08"				0.00	00015		
					CO032315 DO NOT WRITE IN THIS SPACE				
									Zip
<u> </u>	6. Name and Address of Curren	33369	Coun	A.	<u></u>	f Status Desired	Fee Bee	Not Applicat Additional	ole
		- Agent		7. Name and Address of Now Books and					
061 V	ART, MAURICE H. V. OAKLAND PARK BLVD.		}	Name Street Address (P.O. Box Number is Not Acceptable)					
UITE	101 UDERDALE FL 33311								_
	ove named entity submits this statement it	the purpose of changing	its registered	City			FL Zip Co	ode	4
NATUR	11 7-4-1 6 L	Tra		onice or register	ed agent, or both, i	n the state of Florida.	- -		
	agent	and title if applicable. (NO	OTE: Registered Ag	ent signature required	when reinstating)				
	FILE NOW: 'FEE IS \$61.25 OFFICERS AND DIR	9. Election Campaig Trust Fund Contri	on Financina	\$5.00	May Be to Fees	Make Chec Oepartme	k Payable tent of State	a	
	D OFFICERS AND DIR	ECTORS	11.	Ai	DDITIONS/CHANG				-
ADDRESS	STEWART, MAURICE H. 1061 W. OAKLAND PK BLVD	☐ Delete	TITLE NAME	-	- NONO, OF JAINE	ES TO OFFICERS AND	DIRECTORS II Change	N 10 Addition	(66/6)
T-ZIP 	D. LAUDERDALE FL	□ Deletē	STREET ADD						CR2E037 (9
ADORESS - ZIP	PLANTATION FL	Delete	NAME STREET ADD CITY-ST-ZIF				☐ Change	☐ Addition	CR2
odress Zip	D STEWART, DOTTREL V. 101 N.W. 115TH AVE. PLANTATION FL	☐ Delete	TITLE NAME STREET ADDR	ES\$			☐ Change	☐ Addition	
DRESS		☐ Delete	CITY-SI-ZIP TITLE NAME	-			☐ Change	☐ Addition	
ZIP			STREET ADDRI CITY-ST-ZIP	SS				}	
Dakee		. Delete	TITLE Name				☐ Channe	Addiso	

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

Delete

eby certify that the information supplied with this filling does not confident

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