

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50873

1. Entity Name

CONSUMER COUNSELING SERVICES, INC.

Principal Place of Business

2180 N.W. 18TH AVENUE
SUITE #A-6
POMPANO BEACH FL 33069

Mailing Address

2180 N.W. 18TH AVENUE
SUITE #A-6
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANCLAW, RON
C/O HIV/AIDS PASTERAL CARE NET
2180 N.W. 18TH AVENUE #A6
POMPANO BEACH FL 33069

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 P
NAME MANCLAW, RON CHAPLAW
STREET ADDRESS 1738 W. LAS OLAS BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33312-7517 ☐ Delete

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

TITLE D
NAME CARL, GERLDINE
STREET ADDRESS 121 NW 60TH AVE
CITY-ST-ZIP MARGATE FL 33063 ☐ Delete

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

TITLE V
NAME KING, CAROL F
STREET ADDRESS 2180 N.W. 18TH AVENUE A6
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE DP
NAME HAMER, THOMAS
STREET ADDRESS 2180 N.W. 18TH AVENUE A6
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE DP
NAME PERALTA, JUDITH A
STREET ADDRESS 2180 N.W. 18TH AVENUE A6
CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

RON MANCLAW
5 April 19, 2001 1975 9600

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90157 050 ****70.00

765701



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0355654 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (10/00)