

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50873

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: CONSUMER COUNSELING SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0355654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANCLAW, RON
C/O HIV/AIDS PASTERAL CARE NET
2180 N.W. 18TH AVENUE #A6
POMPANO BEACH, FL 33069 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: MANCLAW, RON CHAPLAIN
Address: 1738 W. LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 333127517

Title: D () Delete
Name: CARL, GERLDINE
Address: 121 NW 60TH AVE
City-St-Zip: MARGATE, FL 33063

Title: V () Delete
Name: KING, CAROL F
Address: 2180 N.W. 18TH AVENUE A6
City-St-Zip: POMPANO BEACH, FL 33069

Title: DP () Delete
Name: HAMER, THOMAS
Address: 2180 N.W. 18TH AVENUE A6
City-St-Zip: POMPANO BEACH, FL 33069

Title: DP () Delete
Name: PERALTA, JUDITH A
Address: 2180 N.W. 18TH AVENUE A6
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANCLAW, RON CHAPLAIN
Address: 1738 W. LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 333127517

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

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Name:
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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: CHAPLAIN RONALD MANCLAW

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date