

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000002606**

1. Entity Name

AMALGAMATED CREDIT COUNSELORS INC.**FILED**
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90031 017 ****61.25

0046528

Principal Place of Business

Mailing Address

5950 W OAKLAND PK BLVD
STE 112
LAUDERHILL FL 33313
US5950 W OAKLAND PK BLVD
STE 112
LAUDERHILL FL 33313
US

2. Principal Place of Business

3. Mailing Address

5950 W. OAKLAND PK BLVD.

5950 W. OAKLAND PK BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

308

308

City & State

City & State

LAUDERHILL, FL

LAUDERHILL, FL

Zip

Country

Zip

Country

33313

U.S.A.

33313

BROWARD

4. FEI Number

65-0671465

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 NW 16TH ST.
MIAMI FL 33311

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

Sonia Stewart

3/23/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	STEWART, SONIA	230 LACOSTA WAY FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SMELLIE, NADINE	230 LACOSTA WAY FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	GARDNER, GLADSTONE	230 LACOSTA WAY FT. LAUDERDALE FL 33326	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

Sonia Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01

Date

(954) 486-0830

Daytime Phone #

CR2E037 (10/00)