

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90164 001 ****61.25

DOCUMENT # N96000002606

1. Entity Name
AMALGAMATED CREDIT COUNSELORS INC.



Principal Place of Business
**5850 W OAKLAND PK BLVD
309
LAUDERHILL FL 33313
US**

Mailing Address
**5950 W OAKLAND PK BLVD
309
LAUDERHILL FL 33313
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0671465**

Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, SONIA	
STREET ADDRESS	230 LACOSTA WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMELLIE, NADINE	
STREET ADDRESS	230 LACOSTA WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, GLADSTONE	
STREET ADDRESS	230 LACOSTA WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D. PINE	
STREET ADDRESS	4725 NW 76 ST	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD A. WACKS	
STREET ADDRESS	5950 W. OAKLAND PK BLVD., #309	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELICIA WHITE	
STREET ADDRESS	20295 NW 2nd AVE., SUITE 110	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDGER KELLIER	
STREET ADDRESS	1211 NW 56 AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33313	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA GEDGE	
STREET ADDRESS	5974 NW 125 AVE	
CITY-ST-ZIP	CORAL, SPRINGS, FL 33076	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *SIGNATURE REQUIRED* **SONIA STEWART** 4/22/03 (954)486-0830

CR2E037 (10/02)