

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006497

1. Entity Name

AMERICAN CREDIT AND DEBT MANAGEMENT, INC.

Principal Place of Business

3145 S FEDERAL HIGHWAY
DELRAY BEACH FL 33483
US

Mailing Address

3145 S FEDERAL HIGHWAY
DELRAY BEACH FL 33483-3221
US

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

HADULLA, ROSHEN
1864 MONTE CARLO WAY
CORAL SPRINGS FL 33071

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 PD ☐ Delete
NAME HADULLA, ROSHEN
STREET ADDRESS 1864 MONTE CARLO WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE VD ☐ Change ☒ Addition
NAME VAN DIEN, JACK
STREET ADDRESS 562 TYNER WAY - P.O. Box 7627
CITY-ST-ZIP INCLINE VILLAGE, NV 89452

TITLE VPD ☒ Delete
NAME SMITH, RAHN F
STREET ADDRESS 5776 NORTH POINTE LANE
CITY-ST-ZIP BOYNTON BEACH FL 33437-2018

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

TITLE TD ☐ Delete
NAME EPSTEIN, LINDA
STREET ADDRESS 2920 NW 41ST ST
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE D ☐ Delete
NAME SHROFF, ZARIN
STREET ADDRESS 1864 MONTE CARLO WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ROSHEN HADULLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

561-243-3505 EXT

Daytime Phone #

200



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1588295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)