

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000067

1. Entity Name

CONTINENTAL CREDIT COUNSELING SERVICES, INC.

Principal Place of Business

4770 BISCAYNE BLVD.  
SUITE 1430  
MIAMI FL 33137

Mailing Address

4770 BISCAYNE BLVD.  
SUITE 1430  
MIAMI FL 33137-3251

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0816738

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

ZIEPER, LAURENCE E  
4770 BISCAYNE BLVD.  
SUITE 1430  
MIAMI FL 33137

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 D ☐ Delete  
NAME ZIEPER, LAURENCE E  
STREET ADDRESS 4770 BISCAYNE BLVD, SUITE 1430  
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ Delete  
NAME STOFFER, MERYL E  
STREET ADDRESS 11 SAMI COURT  
CITY-ST-ZIP ENGLISTOWN NY 07726

TITLE D ☐ Delete  
NAME DVORKIN, HOWARD  
STREET ADDRESS 5800 N.W. 63RD PLACE  
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☐ Delete  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90051 041 \*\*\*\*61.25

612110



DO NOT WRITE IN THIS SPACE