

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007073

1. Entity Name

PEOPLE'S CREDIT COUNSELING SERVICES, INC.

**FILED**  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90279 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2758 W ATLANTIC BLVD  
SUITE 2  
POMPANO BEACH FL 33069

2758 W ATLANTIC BLVD  
SUITE 2  
POMPANO BEACH FL 33069-5720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1631477

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LINARES, CESAR B  
2758 W ATLANTIC BLVD  
SUITE 2  
POMPANO BEACH FL 33069

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 LINARES, MARIA  
STREET ADDRESS 2801 N PALM AIRE #103  
CITY-ST-ZIP POMPANO BCH FL 33069

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

TITLE D ☐ Delete  
NAME TORIBIO, ANGEL  
STREET ADDRESS 7104 NW 67 ST  
CITY-ST-ZIP TAMARAC FL 33321

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

TITLE D ☐ Delete  
NAME LINDRED, CESAR B  
STREET ADDRESS 2758 W ATLANTIC BLVD STE 2  
CITY-ST-ZIP POMPANO FL 33069

TITLE ☒ Change ☐ Addition  
NAME LINARES, CESAR B  
STREET ADDRESS 2758 W ATLANTIC BLVD STE 2  
CITY-ST-ZIP POMPANO BCH, FL 33069

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEGAR B. LINARES

Date

Daytime Phone #

1/21/00 (954) 969 9221