

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003218

1. Entity Name

DEBT MANAGEMENT CREDIT COUSELING CORP.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90075 011 ****61.25

Principal Place of Business 23123 STATE ROAD 7 STE. 340 BOCA RATON FL 33428	Mailing Address 23123 STATE ROAD 7 STE. 340 BOCA RATON FL 33428-5468
DELETE	

2. Principal Place of Business 23123 State Rd. 7	3. Mailing Address
Suite, Apt. #, etc. 305	Suite, Apt. #, etc.

City & State Boca Raton, FL	City & State
Zip 33428	Country USA

4. FEI Number 65-0923483	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PELLEGRINO, KAREN 23123 STATE ROAD 7 STE. 340 BOCA RATON FL 33428
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7. Name and Address of New Registered Agent Name Pellegrino, Karen Street Address (P.O. Box Number is Not Acceptable) 23123 State Rd. 7, Suite 305 City Boca Raton FL Zip Code 33428

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 By: Karen Pellegrino *Karen Pellegrino* 3/9/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANE, JAMES 4004 N.W. 62ND COURT COCONUT CREEK FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNSIDE, RICHARD 4004 N.W. 62ND COURT COCONUT CREEK FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLEGRINO, KAREN 1013 GREEN PINE BLVD. WEST PALM BEACH FL 33409 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Walter, Father Charles 2205 S. Cypress Bend Drive, #804 Pompano Beach, FL 33069 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: By: *Karen Pellegrino* 3/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)