

FILED
May 17, 2001 8:00 am
Secretary of State

04-27-2001 90252 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000039675

1. Entity Name
RELIABLE CREDIT INC.

Principal Place of Business Mailing Address
6970 NW 186TH ST., #210 **6970 NW 186TH ST., #210**
MIAMI FL 33015 **MIAMI FL 33015**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **P.O. Box 173701**
City & State Suite, Apt. #, etc.
City & State **MIAMI FL**

4. FFI Number: **65-1001019** Applied for: No: Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required
Zip: **33017** Country: **DADE**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MATTHEWS, NORICE L
6970 NW 186TH ST., #210
MIAMI FL 33015

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ 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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

11. **CEO** OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORICE MATTHEWS <input type="checkbox"/> Delete 6970 NW 186 ST #210 MIAMI FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/
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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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12, 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 Day(s) of the week

4-23-2001