

2001 UNIFORM BUSINESS REPORT (UBR)

4/26.

FILED
May 22, 2001 8:00 am
Secretary of State

04-26-2001 90014 012 ***150.00

DOCUMENT # P00000068258

1. Entity Name

DEBT ELIMINATION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1629 BANKS ROAD
MARGATE FL 33063

1629 BANKS ROAD
MARGATE FL 33063

2. Principal Place of Business

768 Riverside Dr.

3. Mailing Address

768 Riverside Dr.

Suite, Apt. #, etc.

#118

Suite, Apt. #, etc.

#118

City & State

Coral Springs, FL

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

6. Name and Address of Current Registered Agent

Name

COHEN, HAIM

2755 FOREST HILLS BLVD #10
CORAL SPRINGS FL 33065

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-1031155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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. OFFICERS AND DIRECTORS

TITLE: President
NAME: Haim Cohen
STREET ADDRESS: 2755 Forest Hills Blvd. #10
CITY-ST-ZIP: Coral Springs, FL 33065

☐ Delete

TITLE:
NAME:
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
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☐ Change ☐ Addition

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Haim Cohen Haim Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

(954) 968-3228

Daytime Phone #

CR2E034 (10/00)