

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070845

1. Entity Name

DEBTIM, INC.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90008 049 \*\*\*150.00

0281660

Principal Place of Business Mailing Address  
1683 FORUM PLACE 1683 FORUM PLACE  
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401

928752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 52 2256126 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
STANTON, ROGER C  
4420 BEACON CIRCLE  
SUITE 100  
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent  
Name Timothy M. Perrelli  
Street Address (P.O. Box Number is Not Acceptable) 1683 Forum Place  
West Palm Beach 33401  
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 *Timothy M. Perrelli* 2-28-01  
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Ernesto Reyes		STREET ADDRESS		
CITY-ST-ZIP	1683 Forum Place		CITY-ST-ZIP		
	W.P.B. 33401				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Timothy M. Perrelli* 2-28-01 561-477-0020  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)