

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90151 011 \*\*\*150.00

**DOCUMENT # P01000041523**

1. Entity Name

**CREDIT SAVERS USA INC.**

Principal Place of Business

**225 HOLIDAY DR.  
HALLANDALE FL 33009**

Mailing Address

**225 HOLIDAY DR.  
HALLANDALE FL 33009**

2. Principal Place of Business

**7661 LAKE WORTH RD.**

3. Mailing Address

**7661 LAKE WORTH RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE WORTH, FL.**

City & State

**LAKE WORTH, FL.**

Zip **33467**

Country **USA**

Zip **33467**

Country **USA**

4. FEI Number

**65-1113945**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LEINWAND, JONATHAN D ESQ.  
3370 NE 190TH ST., SUITE 1805  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name **LOUIS W. RATFIELD**

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

**7661 LAKE WORTH RD.**

City **LAKE WORTH**

**FL**

Zip Code **33467**

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 **LOUIS W. RATFIELD**

Signature, typed or printed name of registered agent and title if applicable.

*Louis W. Ratfield*

(NOTE: Registered Agent signature required when reinstating)

**5.10.02**  
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, 2002 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 **D** ☒ Delete  
NAME **SHEMESH, MOSHE**  
STREET ADDRESS **225 HOLIDAY DR.**  
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.D.** ☐ Change ☒ Addition  
NAME **PHILLIP SOTO**  
STREET ADDRESS **7661 LAKE WORTH RD.**  
CITY-ST-ZIP **LAKE WORTH, FL. 33467**

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Phillip Soto**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.29.02**  
Date

Daytime Phone #

CR2E034 (9/01)