

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90071 007 ***150.00

DOCUMENT # P01000079584

1. Entity Name
CONSUMER ASSISTANCE SERVICE, INC.



Principal Place of Business
2758 W ATLANTIC BLVD
4
POMPANO BEACH FL 33069

Mailing Address
6011 NE 5 TERRACE
FT. LAUDERDALE FL 33334



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6011 NE 5TH TER
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State

4. FEI Number
65-1135897

Applied For
Not Applicable

Zip
33334-1921

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUERTA, OMAR
6011 NE 5 TERRACE
FT. LAUDERDALE FL 33334

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HUERTA, OMAR ☐ Delete
6011 NE 5 TERRACE
FT. LAUDERDALE FL 33334

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D GUTIERREZ, ALEX ☐ Delete
6011 NE 5 TERRACE
FT. LAUDERDALE FL 33334

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

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CITY-ST-ZIP
☐ Change ☐ 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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-2003 954-202-9400

Date

Daytime Phone #

CR2E034 (10/02)