

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90015 025 \*\*\*150.00

**DOCUMENT # P01000093903**

1. Entity Name

**DEBT SOLUTIONS FOUNDATION, INC.**

Principal Place of Business

**3500 NORTH STATE ROAD 7  
 SUITE 400  
 LAUDERDALE LAKES FL 33319**

Mailing Address

**3500 NORTH STATE ROAD 7  
 SUITE 400  
 LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

**4800 N. State Road 7**

3. Mailing Address

**4800 N. State Road 7**

Suite, Apt. #, etc.

**Suite 112**

Suite, Apt. #, etc.

**Suite 112**

City & State

**LAUDERDALE LAKES, FL**

City & State

**LAUDERDALE LAKES, FL**

Zip

**33319**

Country

Zip

**33319**

Country

4. FEI Number

**65-1139793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

**Marjorie Hellman Shoureas, Esq.**

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

**700 S. Andrews Ave**

Suite 300

City

**Fort Lauderdale**

**FL**

Zip Code

**33316**

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

*Marjorie Hellman Shoureas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/19/02**

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 **PTD** ☐ Delete  
 NAME **GELMAN, IGOR M**  
 STREET ADDRESS **3500 NORTH STATE ROAD 7**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

TITLE **SVD** ☐ Delete  
 NAME **ARMSTRONG, JAMES**  
 STREET ADDRESS **3500 NORTH STATE ROAD 7**  
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

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** ☒ Change ☐ Addition  
 NAME **Gelman, Igor M**  
 STREET ADDRESS **4800 N. State Road 7**  
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE **AS** ☒ Change ☐ Addition  
 NAME **Armstrong, James**  
 STREET ADDRESS **4800 N. State Road 7**  
 CITY-ST-ZIP **LAUDERDALE LAKES, FL 33319**

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

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

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

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:

*James Armstrong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/19/02**

Daytime Phone #

**954/670-2700**

CR2E034 (9/01)