

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0200039 AV

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1. Entity Name

THE BETTER CREDIT BETTER MORTGAGE.COM/FLORIDA CO
NSUMER CREDIT COALITION/BETTER CREDIT USA GROUP,



04-28-2003 91697 001 *****8.75

04-28-2003 91697 002 ***150.00

Principal Place of Business

146 NW 84TH WAY

SUITE A-100

CORAL SPRINGS FL 33071

Mailing Address

146 NW 84TH WAY

SUITE A-100

CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

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

FALLON, S M

4001 N. UNIVERSITY DRIVE

SUNRISE FL 33351

Name

L.M. Hiller

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

146 NW 84 Way Ste. A-100

City

Coral Springs

FL

Zip Code

33071

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 D ☐ Delete
NAME HILLER, LEWIS M
STREET ADDRESS 146 NW 84TH WAY #A-100
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE Treasurer/Director ☐ Change ☒ Addition
NAME JOSH KINCHEN
STREET ADDRESS 195 NW 118 Dr.
CITY-ST-ZIP Coral Springs FL 33071

TITLE D ☒ Delete
NAME FALLON, S M
STREET ADDRESS 146 NW 84TH WAY #A-100
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE Director ☐ Change ☒ Addition
NAME Laurel Nicolosi
STREET ADDRESS 146 NW 84 Way Ste. A-100
CITY-ST-ZIP Coral Springs FL 33071

TITLE D ☒ Delete
NAME HALABI, NEDA
STREET ADDRESS 146 NW 84TH WAY #A-100
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE Director/Secretary ☐ Change ☒ Addition
NAME Emmanuel Calabichis
STREET ADDRESS 146 NW 84 Way Ste. A-100
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 an other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)