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UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P9400068496** 1. Entity Name CREDIT CONTROL CENTER, INC. 04-28-2000 90053 050 ***150 00 Principal Place of Business Mailing Address 1750 NORTH FLORIDA MANGO ROAD 1750 NORTH FLORIDA MANGO ROAD SUITE 301 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-5251 2. Principal Place of Business 3. Mailing Address 3111 South Dixie Highway 3111 South Dixie Highway Suite, Apt. #, etc. Suite, Apt. #, etc. 306 DO NOT WRITE IN THIS SPACE City & State West Palm Beach, Fl City & State West Palm Beach, FL 4. FEI Number Applied For 65-0525674 Not Applicable Zip 33405 \$8.75 Additional 5. Certificate of Status Desired 33405 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nameaymond Karosas KAROSAS, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 3111 South Dixie Highway 1750 NORTH FLORIDA MANGO ROAD SUITE 301 Suite 306 WEST PALM BEACH FL 33409 CityWest Palm Beach *3*3405 datement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subry was ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PSTD TITLE Delete TITLE X Change Addition Raymond K. Karosas 3111 South Dixie Highway, KAROSAS, RAYMOND K NAME NAME Suite 306 1750 NORTH FLORIDA MANGO ROAD STE 301 STREET ADDRESS STREET ADDRESS West Palm Beach, FL CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete Change ■ Addition TITLE TITLE Linda L. Karosas KAROSAS, LINDA L NAME NAME 3111 South Dixie Highway, Suite 306 West Palm Beach, FL 33405 1750 NORTH FLORIDA MANGO ROAD STE 301 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition 3 1717 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME NAME 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 ecleration 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. areson COUNTER SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

arosas

aymond