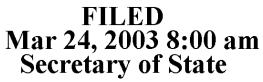
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P97000030108



1. Entity N	IS CREDIT CORP.	000100		03-24-2003 90180		
Principal Place of Business 804 SE 19 STREET FORT LAUDERDALE FL 33316 US		Mailing Address 804 SE 19 STREET FORT LAUDERDALE FL 33316 US			<b>28186</b> 20151 <b>G</b> ar <b>a</b> t 1	1 <b>8</b> 11 <b>88</b> 181 1871 1881
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAH	GNG CHANG	FQ
City & State		City & State		4. FEI Number 65-0741515 Applied For		
Zip		Zip	Country	5. Certificate of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Current Regis	stered Agent		7. Name and Address of New Register	Fee Requ	ired
COVERS	, GUNTHER EJ	<u></u>	Name	The state of the s	ed Agent	
2649 MARION DR FORT LAUDERDALE FL 33316			Street Addres	ss (P.O. Box Number is Not Acceptable)		-
roni L	NUDERDALE FL 33316					
			City		Zip Co	ode
8. The above the obligation of the state of	e named entity submits this statement for the pations of registered agent.	eurpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I a	am familiar with	n. and accept
SIGNATURE						, , , ,
	Signature, typed or printed name of registered agent and title it	applicable. (NO	TE: Registered Agent signature requi	ired when reinstating) DAT	E	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution.	\$5.	00 May Be
10.	OFFICERS AND DIREC	1	11.	ADDITIONS (OLIANOS DE LA CALLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COVERS, GUNTHER E 2649 MARION DR FT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	RS IN 11
TITLE		☐ Delete	TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			_
TITLE NAME -	and the state of t	☐ Delete	TITLE NAME		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		± •↑ ; · ······	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP		_ <del></del>	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
12. I hereby ce indicated o of the corpor changed, o	ortify that the information supplied with this tirps on this report or supplemental report is true and poration or the receiver or trustee empoyered to or on an attachment with an address with all other	does not qualify for t accurate and that my execute this report as ner like empowered.	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I , Florida Statutes; and that my name appears i	rtify that the inf am an officer on Block 10 or I	formation or director Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03