

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000079849****1. Entity Name****CREDIT SOLUTIONS INCORPORATED ENTERPRISES****Principal Place of Business**1790 W 49 ST  
400-2  
HIALEAH FL  
33012 US**Mailing Address**1790 W 49 ST  
400-2  
HIALEAH FL  
33012 US**2. Principal Place of Business**

1790 W 49 ST

**3. Mailing Address**

1790 W 49 ST

**Suite, Apt. #, etc.**

214

**Suite, Apt. #, etc.**

214

**City & State**

HIALEAH FL

**City & State**

HIALEAH FL

**Zip**

33012

**Country**

US

**Zip**

33012

**Country**

US

**4. FEI Number****65-0781108****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**GLEN JUAN G  
1790 WEST 49ST  
STE 400-2  
MIAMI FL  
33012**7. Name and Address of New Registered Agent****Name**

GLEN JUAN G

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

1790 WEST 49ST

**STE 214****City**

MIAMI

**FL****Zip Code**

33012

**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 JUAN G. GLEN**

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

**01/11/2000**

DATE

**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, 2000 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	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33012	<input type="checkbox"/> Delete
		GLEN JUAN G	1790 W. 49ST 400-2	HIALEAH			

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33012	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		GLEN JUAN G	1790 W. 49ST 214	HIALEAH				

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33012	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33012	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	PD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33012	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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: Juan G. Glen****PD: 01/11/2000**