

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 04, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000079849**1. Entity Name
CREDIT SOLUTIONS INCORPORATED ENTERPRISES**Principal Place of Business**1790 W 49 ST
214
HIALEAH FL
33012 US**Mailing Address**1790 W 49 ST
214
HIALEAH FL
33012 US**2. Principal Place of Business**

1790 W 49 ST

3. Mailing Address

1790 W 49 ST

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

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 AgentGLEN JUAN G
1790 WEST 49ST
STE 214
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 209**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.

(NOTE: Registered Agent signature required when reinstating)

04/04/2001

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, 2001 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 ☐ Delete
NAME GLEN JUAN G
STREET ADDRESS 1790 W. 49ST 214
CITY-ST-ZIP HIALEAH FL 33012TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☒ Change ☐ Addition
NAME GLEN JUAN G
STREET ADDRESS 1790 W. 49ST 209
CITY-ST-ZIP HIALEAH FL 33012TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: Juan G. Glen

PD

04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)