2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # P98000039116 FLORIDA CREDIT SERVICES, INC. 03-21-2000 90084 012 ***150.00 Mailing Address Principal Place of Business 13810 KENDALE LAKES DR. 13810 KENDALE LAKES DR. MIAMI FL 33183-2110 MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City, & State 4. FEI Number City & State 65-0833037 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, JAMES C Street Address (P.O. Box Number is Not Acceptable) 13810 KENDALE LAKES DR. **MIAMI FL 33183** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE ANDERSON, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 13810 KENDALE LAKES DR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, JAMES C NAME STREET ADDRESS STREET ADDRESS 13810 KENDALE LAKES DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 ☐ Change Addition ☐ Delete TITLE 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 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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 this 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 it with an address, with changed, or on an attachme ন্ত্ৰী৷ other like empowered.

Daytime Phone #