

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90082 013 ***150.00

DOCUMENT # P99000005481

1. Entity Name

CONSUMER CREDIT SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business

**652 NORTHEAST 28TH COURT
 POMPAÑO BEACH FL 33064**

Mailing Address

**652 NORTHEAST 28TH COURT
 POMPAÑO BEACH FL 33064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3350 NW 53RD STREET

3. Mailing Address

3350 NW 53RD STREET

Suite, Apt. #, etc.

103

Suite, Apt. #, etc.

103

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0888119

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

BERNARD A. SINGER, P.A.

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

4925-A SHERIDAN STREET

City

HOLLYWOOD

FL

Zip Code

33021

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/02

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, 2002 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 **PSD** ☐ Delete
 NAME **THOMAS, KEVIN L**
 STREET ADDRESS **652 NORTHEAST 28TH COURT**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE **VTD** ☐ Delete
 NAME **GREVE, SCOT**
 STREET ADDRESS **652 NORTHEAST 28TH COURT**
 CITY-ST-ZIP **POMPAÑO BEACH FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3350 NW 53RD ST. Suite 103**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3350 NW 53RD ST. Suite 103**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-02 954-590-1220

CR2E034 (9/01)