

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2000 8:00 am**  
**Secretary of State**  
 08-15-2000 90019 041 \*\*\*550.00

DOCUMENT # P99000009642  
 1. Entity Name **CREDIT REVIVAL SERVICES, Inc.** ✓

Principal Place of Business Mailing Address  
**10295 COLLINS AVE.**  
**Suite 901**  
**Miami Beach, FL 33154**

**A0072768**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **Same** 3. Mailing Address **Same**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **65-0892874** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MINDY SALVAGE**  
**10295 COLLINS AVE**  
**Suite 901**  
**Miami Beach, FL 33154**

7. Name and Address of New Registered Agent  
 Name **same just new address**  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 *Mindy Salvage* DATE **8/9/00**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE DOWN!! FEE IS \$150.00**  
**AFTER MAY 1, 2000 FEE WILL BE \$350.00**  
**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**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PRESIDENT</b> <b>MINDY SALVAGE</b> <b>10295 COLLINS AVE, Suite 901</b> <b>Miami Beach, FL 33154</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Mindy Salvage* DATE: **8/9/00** 305-080-1221  
Signature and typed or printed name of signing officer or director Daytime Phone #