

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015608

1. Entity Name

PURE CREDIT, INC.

Principal Place of Business
402 4TH TERRACE
PALM BEACH GARDENS FL 33418

Mailing Address
402 4TH TERRACE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
7289 GARDEN ROAD

3. Mailing Address
7289 GARDEN ROAD

Suite, Apt. #, etc.
SUITE 109

Suite, Apt. #, etc.
SUITE 109

City & State
RIVIERA BEACH, FL

City & State
RIVIERA BEACH, FL

Zip Country
33404 USA

Zip Country
33404 USA

4. FEI Number 65-0899321

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLATT, PETER
505 S. FLAGLER, STE 1100
WEST PALM BEACH FL 33401

Name
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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D DONOHUE, PAUL JR
STREET ADDRESS 402 4TH TERRACE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D MOHAN LALWANI
STREET ADDRESS 4920 SAND DUNE CIL, #203
CITY-ST-ZIP WEST PALM BEACH, FL 33417

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D Vice President
NAME Scott C. Anderson
STREET ADDRESS 107 Sandal Lane #2
CITY-ST-ZIP Palm Beach Shores FL 33404

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 I/we empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001 501-848 1140
Date Daytime Phone #

CR2E034 (10/00)

0235201

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91001 015 ***150.00



DO NOT WRITE IN THIS SPACE