

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000040332

1. Entity Name
**DEBT MANAGEMENT ASSOCIATES INTERNATIONAL,
INC.**



Principal Place of Business
**150 E PALMETTO PARK RD
SUITE 650
BOCA RATON, FL 33432 US**

Mailing Address
**150 E PALMETTO PARK RD
SUITE 650
BOCA RATON, FL 33432 US**



03102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0916660** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ULLMAN, HOWARD F.
150 E PALMETTO PARK ROAD
SUITE 650
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000115311
04/16/04-80043-016 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOKINOS, GEORGE L
STREET ADDRESS	700 BANYAN TRAIL SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	DP
NAME	ULLMAN, HOWARD F
STREET ADDRESS	150 E PALMETTO PARK ROAD SUITE 650
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	DS
NAME	ULLMAN, MICHAEL
STREET ADDRESS	150 E PALMETTO PARK ROAD SUITE 650
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2004 (561) 338-3535

Date

Daytime Phone #