2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
07-06-2001 90012 001 *****8.75
07-06-2001 90012 002 ***150.00

DOCUMENT # P99000071494

1. Entity Name
WASHINGTON DEBT CONSOLIDATION, INC.

Principal Place of Business	Mailing Address
152 NE 167TH STREET 201 MIAMI FL 33162 N MIAMI BEACH	152 NE 167TH STREET 201 N. MIAMI FL 33162 BEACH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
152 N.E. 167th Street	152 N.E. 167th Street
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: 201
City & State: N. Miami Beach, Fl.	City & State: N. Miami Beach Fl.
Zip: 33162 Country: Broward	Zip: 33162 Country: Broward

4. FEI Number 65-0949882 ☐ 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
CHANG, ANTHONY M. C. 152 NE 167TH STREET STE ~~~ 210 N MIAMI BEACH FL 33162	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 _____ DATE
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 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 / STREET ADDRESS / CITY-ST-ZIP	D CHANG, ANTHONY M. C. 11133 NW 2ND COURT CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CHANG, THERESA C 11133 NW 2ND COURT CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: _____ 2/20/01 305-940-9969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #