

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 015 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000078339

1. Entity Name

CONSUMER COMPLIANCE SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

763286

2. Principal Place of Business

1010 Scarlet Oak Street

Suite, Apt. #, etc.

3. Mailing Address

1010 Scarlet Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood, Florida

City & State

Hollywood, Florida

4. FEI Number

65-0952584

Applied For

Not Applicable

Zip
33019

Country
USA

Zip
33019

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Olga E. Parra

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

1010 Scarlet Oak Street

City

Hollywood

FL

Zip Code
33019

**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.

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
D/P/S/T
Parra, Olga E.
STREET ADDRESS
1010 Scarlett Oak Street
CITY- ST- ZIP
Hollywood, FL 33019

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Olga E. Parra, President

4/4/02

Date

(954) 926-7563

Daytime Phone #

CR2E034B (12/01)