

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000823

1. Entity Name

ELIMDEBT MANAGEMENT SYSTEMS, INC.

FILED
Jul 12, 2001 8:00 A.M.
Secretary of State

Principal Place of Business: 2500 E HALLANDALE BEACH BLVD STE 707G HALLANDALE BEACH FL 33009
Mailing Address: 2500 E HALLANDALE BEACH BLVD STE 707G HALLANDALE BEACH FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. #405

City & State

Zip Country

4. FEI Number: 65-0997938
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

BARBIERI, GAETANO
2500 E HALLANDALE BEACH BLVD STE 707G
HALLANDALE BEACH FL 33009

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 renewing) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Director
NAME: MANUEL G. TEIXEIRA
STREET ADDRESS: 100-11 ASCAN AVE
CITY-ST-ZIP: FOREST HILLS, NY 11375

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP: 03/05/01 90300 030 \$61.25

TITLE: DIRECTOR
NAME: CHONG KYU KIM
STREET ADDRESS: 1590 ANJERSON AVE 18A
CITY-ST-ZIP: FT. LEE N.J. 07024

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DIRECTOR
NAME: DENNIS VAISBERG
STREET ADDRESS: 2149 E 13th ST.
CITY-ST-ZIP: BROOKLYN NY 11229

TITLE:
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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 617, 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: MANUEL G. TEIXEIRA

2/1/2001 917 533 3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #