

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90112 037 \*\*\*150.00

**DOCUMENT # L39529**

1. Entity Name

**BASEBALL CARD WAREHOUSE, INC.**

Principal Place of Business

Mailing Address

3101 MCNAB RD.  
 POMPANO BEACH FL 33069  
 US

3101 MCNAB RD  
 POMPANO BEACH FL 33064-5422  
 US

2. Principal Place of Business

3. Mailing Address

2880 N. E. 7th Ave

2880 N. E. 7th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL.

City & State

Pompano Beach FL.

4. FEI Number

65-0169375

Applied For

Not Applicable

Zip

33064

Country

U.S.

Zip

33064

Country

U.S.

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

**FIELDS, GARY D.**  
**ADMIRALTY TOWER SUITE 700**  
**4400 PGA BLVD.**  
**PALM BEACH GARDENS FL 33410**

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, 2000 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	PT	<input type="checkbox"/> Delete
NAME	NAMM, HERBERT	
STREET ADDRESS	22759F MANDEVILLE PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALBALA, BERNARD	
STREET ADDRESS	300 E 54TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> Delete
NAME	NAMM, ERIK	
STREET ADDRESS	1570 SE 14TH CT.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00

Date

954-786-1700

Daytime Phone #

CR2E034 (9/99)