


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90718 017 ****61.25

DOCUMENT # N13171
1. Entity Name
THE NATIONAL MACINTOSH COMPUTER SOCIETY, INC.



Principal Place of Business
**7875 NW 57 ST
P.O. BOX 26713
TAMARAC FL 33320**

Mailing Address
**7875 NW 57 ST
P.O. BOX 26713
TAMARAC FL 33320**

2. Principal Place of Business
c/o BLUM 5434 GRAND PALM CIR

3. Mailing Address
5434 GRAND PALM CIR

Suite, Apt. #, etc.

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33484

Country
USA

Zip
33484

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0023987**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RECHTMANN, NORMAN
8240 NW 53RD COURT
LAUDERHILL FL 33351**

7. Name and Address of New Registered Agent

Name
H. PETER BLUM


Street Address (P.O. Box Number is Not Acceptable)
5434 GRAND PALM CIRCLE

City
DELRAY BEACH

FL

Zip Code
33484

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  DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

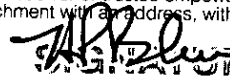
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLUM, H. PETER 5434 GRAND PALM CIRCLE DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SANZARE, JEFFREY 8339 BOCA RIO DRIVE BOCA RATON FL-33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, BARBARA 3056 S OAKLAND FOREST DR #2305 FT LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RECHTMAN, NORMAN 8240 NW 53RD CT. LAUDERHILL FL 33351	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRUM, MICHAEL 1150 CROTON STREET WESTON, FL 33327-2040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **H. PETER BLUM** DATE **2/25/03** **561-496-2719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BUSINESS

CR2E037 (10/02)