

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000024

1. Entity Name

D.E.T. CARD, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00-AUG -2 PM 1:25

Principal Place of Business

C/O MARC AUERBACH
201 S. BISCAYNE BLVD., STE 2000
MIAMI FL 33131

Mailing Address

C/O MARC AUERBACH
201 S. BISCAYNE BLVD., STE 2000
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0544729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACH, MARC H
201 S. BISCAYNE BLVD., STE #2000
MIAMI FL 33131

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
BUBNOW, VICTOR ☐ Delete
STREET ADDRESS 7100 W. CAMINO REAL #300
CITY-ST-ZIP BOCA RATON FL 33433

TITLE NAME MGR ☐ Change ☐ Addition
Steve Glenn
STREET ADDRESS 7100 W. Camino Real #300
CITY-ST-ZIP Boca Raton, FL 33433

TITLE NAME MEM ☐ Delete
D.E.T. CARD, INC.
STREET ADDRESS 7100 W. CAMINO REAL #300
CITY-ST-ZIP BOCA RATON FL 33433

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
300003349653
-08/03/00--01082--016
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)