

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90220 020 ***150.00

DOCUMENT # F12534

1. Entity Name
AMERICAN BANK CARD, INC.

Principal Place of Business

**9441 W SAMPLE RD
 STE 205
 CORAL SPRINGS FL 33065
 US**

Mailing Address

**9441 W SAMPLE RD
 STE 205
 CORAL SPRINGS FL 33065
 US**

CUUBDJ07



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2565475

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**GARFIELD, NEIL F.
 4119 N STATE RD 7,
 STE 245
 LAUDERDALE FL 33319**

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, 2001 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

T Delete
 TITLE NAME
KAUFMAN, AARON
 STREET ADDRESS
7 BERMUDA LAKE DRIVE
 CITY-ST-ZIP
PALM BEACH GARDENS FL 33418

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

COO Delete
 TITLE NAME
GARFIELD, NEIL
 STREET ADDRESS
4119 N. STATE RD 7, SUITE 245
 CITY-ST-ZIP
LAUDERDALE LAKES FL 33319

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

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
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 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE 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 authorized signatory with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil F. Garfield
Neil F. Garfield

4/27/01

Date

954-485-7000

Daytime Phone #

CR2E034 (10/00)