

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90202 016 ***150.00

DOCUMENT # K88304

1. Entity Name
NATIONAL SHOPPING CLUB, INC.

Principal Place of Business
1225 BROKEN SOUND PKWY NW C
BOCA RATON FL 33487
US

Mailing Address
1225 BROKEN SOUND PKWY NW C
BOCA RATON FL 33487
US

3850 N. Powerline Rd Suite 111

2. Principal Place of Business

3. Mailing Address

~~2001 W Sample Rd Ste 101~~

~~3850 N. Powerline Rd Suite 111~~

Suite, Apt. #, etc.
Pompano Beach, FL

Suite, Apt. #, etc.
3850 N. Powerline Rd Suite 111

City & State

City & State

33009

Pompano Beach - FL

Zip

Country

Zip

Country

Broward

33009

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0120328**

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

KLEIN, PATRICIA ESQ.
2001 W SAMPLE RD
STE 101
POMPAÑO BEACH FL 33064

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D CARROLL, JAMES
2001 W SAMPLE RD STE 101
POMPAÑO BEACH FL 33064 ☐ 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

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 life empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES CARROLL

1/8/02 561-995 1001

Date

Daytime Phone #

CR2E034 (9/01)