2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L24895 **DOCUMENT #**

1. Entity Name

CONTINENTAL CARD ACQUISITION COMPANY



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90084 029 ***150.00

						COO WE THE				
Principal Plac	e of Busines:	s	Mailin	g Address						
3651 NW 120T				3651 NW 120TH AVENUE						
CORAL SPRINGS FL 33065			CORA	CORAL SPRINGS FL 33065						
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2. Principal P	Place of Busin	ness	3. Mai	3. Mailing Address				I INDIANI DIN SINI CINNI LULIN CHINI BILI	81811 81811 81811 81 4 11 8	11011 01011 1011
Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
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City & Stat	te		City	City & State			4.	El Number 65-0158449		pplied For ot Applicable
Zip Country			Zin	Zip Countr					\$ 8.75 Ad	
Ζip				. La La Salan	Oddina	y 	5. (Certificate of Status Desired	Fee Require	
	6. Name	and Address of Curre	nt Registere	Registered Agent			7. N	lame and Address of New Regist	ered Agent	
						Name		-	-	
KRAMER, GORDON										
3651 NW 120TH AVE				Street Address			(P.O. Box Number is Not Acceptable)			
					T					
CORAL SPRINGS FL 33065					Ļ				,	
					Ì	City			FL Zip Cod	de
8. The above	named entit	v submits this statement	for the purp	ose of changing its	reaistere	office or registe	ered age	ent, or both, in the State of Florida.	Lam familiar with,	and accept
	tions of regist	•			g			. , ,		,
										}
SIGNATURE		or printed name of registered age	ent and title if app	olicable. (NOT	E: Registered	Agent signature require	ed when re	instating)	DATE	
				, -						
		!! FEE IS \$150.00)					9. Election Campaign Financir	ng \$5. (OO May Be
		03 Fee will be \$550.0 Florida Department						Trust Fund Contribution.		d to Fees
	K Fayable II	<u> </u>			•				O AND DIDECTOR	20 (1) 44
110.	Inn	OFFICERS AN	D DIRECTO		11.		AD	DITIONS/CHANGES TO OFFICER		
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NAME	KRAMER, I	HARVEY		Delete	NAME				\ Johango	
		120TH AVENUE				ADDRESS			1	
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I nereoy certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: