

# 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



DO NOT WRITE IN THIS SPACE

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

4. FEI Number

65-0544729

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME 300003349659  
STREET ADDRESS -08/08/00--01082--016  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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)(f), 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:

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

07/27/2000  
Date

Date

Daytime Phone #

CR2E083 (5/00)