

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **98000003637**

1. Entity Name  
**NATIONAL CONSUMER RESOURCE CENTER, INC**

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90444 004 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**2183 N POWERLINE RD 2183 N. POWERLINE RD**  
**POMPANO BEACH, FL 33069 POMPANO BEACH, FL**  
**33069**

2. Principal Place of Business 3. Mailing Address  
**3700 COCONUT CREEK PKWY 3700 COCONUT CREEK PKWY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**COCONUT CREEK, FL COCONUT CREEK, FL**  
Zip Country Zip Country  
**33066 33066**

4. FEI Number Applied For  
**65-0847203** Not Applicable


5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**CHARLES J. GOLDMAN, P.A.**  
**601. S FED HWY**  
**HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent  
Name **CHRISTOPHER RUBINO**  
Street Address (P.O. Box Number is Not Acceptable)  
**3700 COCONUT CREEK PKWY**  
City **COCONUT CREEK FL** Zip Code **33066**

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  DATE **5-1-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUBINO, CHRISTOPHER</b>	
STREET ADDRESS	<b>2183 POWERLINE RD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUBINO, STEPHEN</b>	
STREET ADDRESS	<b>2183 POWERLINE RD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TORRES, WANDA</b>	
STREET ADDRESS	<b>5060 SW 64TH AVE</b>	
CITY-ST-ZIP	<b>DAVIE, FL 33314</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MUIR, MURIEL</b>	
STREET ADDRESS	<b>3504 NW 116TH TERR</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33065</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NEWTON, MALEKA</b>	
STREET ADDRESS	<b>9220 NW 49TH PL</b>	
CITY-ST-ZIP	<b>SUNRISE, FL 33351</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3700 COCONUT CREEK PKWY</b>
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33066</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3700 COCONUT CREEK PKWY</b>
CITY-ST-ZIP	<b>COCONUT CREEK, FL 33066</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)