

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90213 029 \*\*\*\*61.25

**DOCUMENT # N98000003637**

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



Principal Place of Business  
**3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**

Mailing Address  
**3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**

**44044322**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0847203**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBINO, CHRISTOPHER  
3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066**

Name **STEPHEN 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **RUBINO, CHRISTOPHER**  
STREET ADDRESS **3700 COCONUT CREEK PKWY**  
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

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

TITLE **D** ☐ Delete  
NAME **RUBINO, STEPHEN**  
STREET ADDRESS **3700 COCONUT CREEK PKWY**  
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

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

TITLE **D** ☐ Delete  
NAME **TORRES, WANDA**  
STREET ADDRESS **5060 SW 64TH AVE**  
CITY-ST-ZIP **DAVIE, FL 33314**

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

TITLE **D** ☐ Delete  
NAME **MUIR, MURIEL**  
STREET ADDRESS **3504 NW 116TH TERRACE**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

TITLE **D** ☒ Delete  
NAME **NEWTON, MALKEA**  
STREET ADDRESS **9220 NW 49TH PL**  
CITY-ST-ZIP **SUNRISE, FL 33351**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **JASON ROWE**  
STREET ADDRESS **10924 NW 151 MANOR**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33071**

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

Date

Daytime Phone #