

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90331 047 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0847203**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]*

SIGNATURE REQUIRED

4/30/03

954-978-9514

CR2E037 (10/02)