

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90117 023 ***150.00

DOCUMENT # P00000009791

1. Entity Name
BANCARD SERVICES, INC.



Principal Place of Business
**6365 TAFT STREET
SUITE 100
HOLLYWOOD FL 33024**

Mailing Address
**6365 TAFT STREET
SUITE 100
HOLLYWOOD FL 33024**



2. Principal Place of Business
1883 W. STATE RD. 84

3. Mailing Address

Suite, Apt. #, etc.
SAME

Suite, Apt. #, etc.
SUITE #105

City & State
FT. LAUDERDALE FL

City & State

4. FEI Number **52-2212983**

Applied For
Not Applicable

Zip
33315

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAPIRO, STEPHEN J
1510 NW 101ST AVENUE
PLANTATION FL 33322**

Name: **STEPHEN SHAPIRO**

Street Address (P.O. Box Number is Not Acceptable)

1883 W. STATE RD. 84

#105

City **FT. LAUDERDALE**

FL

Zip Code
33315

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 **STEPHEN SHAPIRO**

DATE
1/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SHAPIRO, STEPHEN J**
STREET ADDRESS **1510 NW 101ST AVENUE**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☒ Change ☐ Addition
NAME **STEPHEN SHAPIRO**
STREET ADDRESS **1883 W. STATE RD 84 #105**
CITY-ST-ZIP **FT LAUDERDALE FL 33315**

TITLE **D** ☒ Delete
NAME **SHAPIRO, SCOTT P**
STREET ADDRESS **1510 NW 101ST AVENUE**
CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **D** ☒ Change ☐ Addition
NAME **SCOTT SHAPIRO**
STREET ADDRESS **1883 W. STATE RD 84 #105**
CITY-ST-ZIP **FT. LAUDERDALE FL 33315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 607, 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 life empowered.

SIGNATURE: **STEPHEN SHAPIRO** 1/14/03 954-315-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)