

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070545

1. Entity Name
NOT JUST CARDS, INC.

Principal Place of Business
7802 NW 44TH ST.
SUNRISE FL 33351

Mailing Address
7802 NW 44TH ST.
SUNRISE FL 33351

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

52-2257213

Applied For

Not Applicable

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

~~PURCHIO, LEONA~~
~~6865 HUNTINGTON LANE, #404~~
~~DELRAY BCH FL 33446~~

Name JANET Zizzo

Street Address (P.O. Box Number is Not Acceptable)
6616 RACQUET CLUB DR

City LAUDERHILL

FL

Zip Code 33319

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 LEONA PURCHIO

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME PURCHIO, LEONA
STREET ADDRESS 6865 HUNTINGTON LANE, #404
CITY-ST-ZIP DELRAY BCH FL 33446

TITLE PRESIDENT ☒ Change ☐ Addition
NAME JANET Zizzo
STREET ADDRESS 6616 RACQUET CLUB DR
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRES / SECRETARY ☐ Change ☒ Addition
NAME LORETTA J. MAYO
STREET ADDRESS 6616 RACQUET CLUB DR
CITY-ST-ZIP LAUDERHILL FL 33319

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

JANET Zizzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-578-6955

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90307 022 ***150.00



DO NOT WRITE IN THIS SPACE

0278655

CR2E034 (10/00)