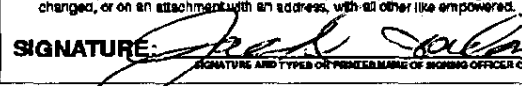


FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90165 050 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000091595					
1. Entity Name DEBIT CORPORATION OF AMERICA, INC.					
Principal Place of Business 1840 SW 22 ST 4TH FLOOR MIAMI, FL 33145			Mailing Address 1840 SW 22 ST 4TH FLOOR MIAMI, FL 33145		
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				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
A. 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 _____ DATE _____ Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when substituting)					
			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PSTD ☐ Delete				
NAME	GORDON, JACK				
STREET ADDRESS	1840 SW 22 ST., 4TH FLOOR				
CITY-STATE-ZIP	MIAMI, FL 33145				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-STATE-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 like empowered.					
SIGNATURE:  2/29/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

10076051



☐ CHECK HERE IF MAKING CHANGES

CFR2034 (10/02)