

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

FILED
Apr 01, 2005 8:00 am
Secretary of State

DOCUMENT # P01000057406

1. Entity Name

NATIONAL DEBIT CORP.



04-01-2005 90126 001 ***150.00
04-01-2005 90126 002 *****8.75

DO NOT WRITE IN THIS SPACE

66008411

2. Principal Place of Business
630 1st Avenue

3. Mailing Address
same

Suite, Apt. #, etc.
Apt. 15N

Suite, Apt. #, etc.

City & State
New York, New York

City & State

4. FEI Number 651111894

Applied For
Not Applicable

Zip
10016

Country
United States

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street, 4th Floor

City Miami

FL

Zip Code
33145

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brett D. Marmott 630 1st Avenue, Apt 15N New York, New York 10016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Irene H. Marmott 630 1st Avenue, Apt 15N New York, New York 10016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Irene H. Marmott* - IRENE H. MARMOTT 3/15/05 (212) 961-6263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #