FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 21 PM 2:00

DOCUMENT # P01000057406

1. Entity Name
NATIONAL DEBIT CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
630 1st Avenue	the same
Suite, Apt. #, etc. Unit 15N	Suite, Apt. #, etc.
City & State New York, New York	City & State
Zip 10016 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1111894 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

~~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 Marmott, Brett D 2540 Shore Blvd, #5F, Astoria, NY 11102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Marmott, Irene H ~~150 W 51st Street, #908, New York, NY 10019~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS IRENE H. MARMOTT 630 1st AVE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUITE #15N NEW YORK, N.Y.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300069399503 04/04/06--01032--026 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300069399503 04/04/06--01032--027 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 Marmott Irene H. Marmott 3/14/06 (212) 956-1613
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #