2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am DOCUMENT # **P93000052851** 1. Entity Name **Secretary of State** HOUSE OF CARDS INC. 03-22-2000 90096 041 ***150.00 Mailing Address Principal Place of Business 354 ESPLANADE 354 ESPLANADE **BOCA RATON FL 33432-4918** BOCA RATON FL 33432 C0043260 3. Mailing Address 2. Principal Place of Business 742 NW6th St Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0419387 Katon Not Applicable Boca Zip \$8.75 Additional 5. Certificate of Status Desired П 33486 ULSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KARSCH, BETTY Street Address (P.O. Box Number is Not Acceptable) 354 ESPLANADE **BOCA RATON FL 33432** Zip Code City FL 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition D ☐ Delete TITLE TITLE KARSCH, BETTY NAME STREET ADDRESS STREET ADDRESS 742 PERRIWINKLE ST CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** TITLE Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: Bety U. Karsch Pees: Better Karish Presity 3-14-00 21-392-6538

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Date

changed, or on an attachment with an address, with all other like empowered