

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90005 041 ***550.00

0069238 AV

DOCUMENT # P95000043193

1. Entity Name

CARDS "N" MORE, INC.

Principal Place of Business

**3131 INVERRARY BLVD WEST
 LAUDERHILL FL 33319**

Mailing Address

**3131 INVERRARY BLVD WEST
 LAUDERHILL FL 33319**

2. Principal Place of Business

7760 NW 44th STREET

Suite, Apt. #, etc.

#122

3. Mailing Address

7760 NW 44th STREET

Suite, Apt. #, etc.

#122

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0585955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LAWRENCE J. SPIEGEL/AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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

TITLE **P** ☐ Delete
 NAME **SCHNAPP, LINDA H**
 STREET ADDRESS **1500 S OCEAN BLVD 602**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **ST** ☐ Delete
 NAME **SCHNAPP, MARVIN**
 STREET ADDRESS **1500 S OCEAN BLVD 602**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1620 S. OCEAN BLVD. 116**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1620 S. OCEAN BLVD. 116**
 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-01

Date

954-788-6802

Daytime Phone #

CR2E034 (5/01)