

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082379

1. Entity Name

AMERICARD GROUP, INC.

Principal Place of Business

12 SW 2ND AVE
MIAMI FL 33130

Mailing Address

P.O. BOX 140422
CORAL GABLES FL 33114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDET, ALBERTO M
922 MOTEREY
CORAL GABLES FL

Name

ANTONIO CARDET

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

2690 S.W. 22nd Avenue, Apt. 505

City MIAMI

FL

Zip Code 33133

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

Antonio Cardet

4/25/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
CARDET, ALBERTO M
30 SHORE DR N
MIAMI FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
ANTONIO CARDET
2690 S.W. 22nd Avenue, #505
MIAMI, FLORIDA 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

Antonio Cardet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO CARDET, President

4/25/01

Date

305-856-6814

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90919 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)