

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093290

1. Entity Name

INTERCARD INTERNATIONAL, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90147 008 ***150.00

Principal Place of Business 218 COMMERCIAL BLVD. SUITE 204 LAUDERDALE BY THE SEA FL 33308	Mailing Address 218 COMMERCIAL BLVD. SUITE 204 LAUDERDALE BY THE SEA FL 33071-5433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1440 Coral Ridge Dr. Suite, Apt. #, etc. #290 City & State Coral Springs FL Zip 33071	Country	3. Mailing Address 1440 Coral Ridge Dr. Suite, Apt. #, etc. #290 City & State Coral Springs FL Zip 33071	Country
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4. FEI Number 65-0640850	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISE, MANFRED
~~218 COMMERCIAL BLVD.~~
~~SUITE 204~~
~~LAUDERDALE BY THE SEA FL 33308~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1440 Coral Ridge Dr. #290
City
Coral Springs FL Zip Code
33071

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 \$150.00
After MAY 1, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISE, MANFRED 218 COMMERCIAL BLVD. SUITE 204 LAUDERDALE BY THE SEA FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P 1440 Coral Ridge Dr. #290 Coral Springs FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)