

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-04-2001 90113 003 ***150.00

DOCUMENT # P96000075709

1. Entity Name

CREDIT CARD MANAGEMENT, INC.

Principal Place of Business

2100 45TH ST. B-6
W PALM BCH FL 33407
US

Mailing Address

2100 45TH ST. B-6
W PALM BCH FL 33407
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0702126

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Whitehead, Patrick~~
Whitehead, Patrick
505 S FLAGLER STE 1100
WEST PALM BEACH FL 33401

Name **Patrick M. Whitehead, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
505 S. Flagler Dr., Suite 1100

City **West Palm Beach**

FL

Zip Code
33401

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

6/8/2001

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 **PD**
STREET ADDRESS **DONOHUE, PAUL**
CITY-ST-ZIP **402 4TH TERR**
PALM BCH GDNS FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME **VP**
STREET ADDRESS **MOHAN LALWANI**
CITY-ST-ZIP **4920 SAND DUNE CIR, APT 203**
WEST PALM BEACH - FL 33417

☐ Delete

TITLE
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2001

561-844-7333

Date

Daytime Phone #

CR2E034 (10/00)