

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90107 035 \*\*\*158.75

008141 AV

**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**

**4611 Okeechobee Blvd**

**4611 Okeechobee Blvd**

**Suite Apt. #, etc.**

**Suite Apt. #, etc.**

**Suite 114**

**Suite 114**

**City & State**

**City & State**

**West Palm Beach FL**

**West Palm Bch FL**

**Zip**

**Country**

**Zip**

**Country**

**33417**

**USA**

**33417**

**USA**

☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **65-0702126**

**Applied For**  
**Not Applicable**

**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**

**EAVENSON, BRADLEY**  
**HARRIS & GILBERT**  
**1645 PALM BEACH LAKES BLVD, STE 550**  
**WEST PALM BEACH FL 33401**

**Name** **PAUL DONOHUE**

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

**402 4TH TERRACE**

**City**

**PALM BCH GARDENS FL**

**Zip Code**

**33410**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*(Signature)*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**3.31.03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**\*Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

**TITLE** **VP** ☒ **Delete**  
**NAME** **LALWANI, MOHAN**  
**STREET ADDRESS** **4928 SABLE PINE CIR, #922D**  
**CITY-ST-ZIP** **WEST PALM BEACH FL 33417**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*(Signature)*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/31/03**  
**Date**

**561 906 6045**  
**Daytime Phone #**

CR2E034 (10/02)