

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P 96000098191*

1. Entity Name

EXECUTIVE CARD SERVICE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3700 W 12 AVE

Suite, Apt. #, etc.

307

City & State

HIALEAH FL

Zip

33012

Country

MIAMI-DADE

3. Mailing Address

3700 W 12 AVE

Suite, Apt. #, etc.

307

City & State

HIALEAH FL 3

Zip

33012

Country

MIAMI-DADE

**FILED
May 16, 2002 8:00 am
Secretary of State**

05-16-2002 90061 039 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0711100

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

NOEL FUNDONA

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

3700 W 12 AVE #307

City

HIALEAH

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

Noel Fundona

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>POST</i>	TITLE	
NAME	<i>FUNDONA, NOEL S</i>	NAME	
STREET ADDRESS	<i>3700 W 12 AVE #307</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>HIALEAH, FL 33012</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with all other like empowered.

SIGNATURE: *Noel Fundona*

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034B (12/01)