2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 31, 2000 8:00 am Secretary of State DOCUMENT # P98000064143 1. Entity Name THE NATIONAL RESOURCE CENTER, INC. 06-20-2000 90009 027 ***150.00 08-31-2000 90102 046 ***400.00 Principal Place of Business Mailing Address 1440 CORAL RIDGE DR., SUITE 167 1440 CORAL RIDGE DR., SUITE 167 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0850176 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FINKELSTEIN, HAL Street Address (P.O. Box Number is Not Acceptable) 11851 ROYAL PALM BLVD., APT. 202 CORAL SPRINGS FL 33065 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE NAME RUTH, CAROL NAME STREET ADDRESS STREET ADDRESS 1440 CORAL RIDGE DR 167 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition ☐ Delete TITLE T/D F FINKELSTEIN, HAL NAME NAME STREET ADDRESS STREET ADDRESS 1440 CORAL RIDGE DR 167 CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 Change ☐ Addition TITLE □ Delete TITLE NAME NAME" STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 h all other like empowered.

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SIGNATURE:

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6/20/00-90009-027-\$150.00-\$150.00

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2. Principal P	lace of Business	3. Mailing Address								
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Zip	Country	Zip Coun		try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name and Address of Current I	Registered Agent	7. Name and Address of New Registered Agent						1	
		Name								
~ 1185	ELSTEIN, HAL 1 ROYAL PALM BLVD., APT. 202	- ·		Street Address (P.O. Box Number is Not Acceptable)						
COR	AL SPRINGS FL 33065							I =		1
				City			FL	Zip Cod	le 	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registe	red ag	ent, or both, in the State of Florida	1.			
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable			O Fee	will be \$550.00	-4	10. Election Campaign Financ Trust Fund Contribution.	ening 🖂		00 May Be d to Fees	
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SIGIVAL	SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OFFICER O	A DIRECT	ORI		Dare	Dayı	me Phone #		Ì