

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028143

1. Entity Name

PROFESSIONAL CARD GRADERS INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90126 048 ***150.00

Principal Place of Business

2303 W MCNAB RD
STE 10
POMPANO BEACH FL 33069
US

Mailing Address

2303 W MCNAB RD
STE 10
POMPANO BEACH FL 33069
US

742803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-4051821

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

KRAMER, JOEL
19128 CLOISTER LAKE LANE
BOCA RATON FL 33498

Name Kramer, Joel
Street Address (P.O. Box Number is Not Acceptable)
6549 VIA BENITA
City BOCA RATON FL Zip Code 33433

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 required or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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 P
NAME KRAMER, IAN D
STREET ADDRESS 19128 CLOISTER LAKE LANE
CITY-ST-ZIP BOCA RATON FL 33498

TITLE President
NAME KRAMER IAN D
STREET ADDRESS 2300 NE 37th Ave #404
CITY-ST-ZIP Ft. Lauderdale, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

4/12/01

Date

954-935-9091

Daytime Phone #

CR2E034 (10/00)