

DOCUMENT # P99000042724

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90042 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

1. Entity Name  
ESCROWCARD, INC.

Principal Place of Business Mailing Address  
3207 CLINT MOORE ROAD 3207 CLINT MOORE ROAD  
SUITE 205 SUITE 205  
BOCA RATON FL 33496 BOCA RATON FL 33496

2. Principal Place of Business 3. Mailing Address  
18457 LONG LAKE DRIVE 18457 LONG LAKE DRIVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State BOCA RATON FL City & State BOCA RATON FL  
Zip 33496 Country USA Zip 33496 Country USA

4. FEI Number 65-0918082 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ABECASSIS, MAX  
3207 CLINT MOORE ROAD  
SUITE 205  
MIAMI FL 33179

7. Name and Address of New Registered Agent  
Name ABECASSIS, MAX  
Street Address (P.O. Box Number is Not Acceptable) 18457 LONG LAKE DRIVE  
City BOCA RATON FL Zip Code 33496

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 DATE 1-8-01  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete
NAME	ALBECASSIS, MAX
STREET ADDRESS	3207 CLINT MOORE ROAD
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBECASSIS, MAX
STREET ADDRESS	18457 LONG LAKE DRIVE
CITY-ST-ZIP	BOCA RATON FL 33496
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: DATE 1-8-01 DAYTIME PHONE # 561-470-1181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)