## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other

## May 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000102379** NATIONAL CAREER DEVELOPMENT CORPORATION 05-19-2000 90074 003 \*\*\*158.75 Mailing Address Principal Place of Business 2700 W. OAKLAND PARK BLVD. 2700 W. OAKLAND PARK BLVD. SUITE 20 SUITE 20 FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FILINGS, INC. **3732 N.W. 16TH STREET** FT. LAUDERDALE FL 33311-4132 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete TITLE NAME RADOMSKI, WAYNE NAME STREET ADDRESS STREET ADDRESS 8379 WHITE EGRET WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change Addition ☐ Delete TITLE TITLE NAME RADOMSKI, PHILIP NAME STREET ADDRESS STREET ADDRESS 8379 WHITE EGRET WAY CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 at my signature shall have the same legal effect as if made under oath; that I am an officer or director ort as required that process in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this