

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V40101

1. Entity Name

NATIONAL DISCOUNT CORP.

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90094 049 \*\*\*550.00

Principal Place of Business

100 N.W. 82ND AVENUE, SUITE 302  
 PLANTATION FL 33324

Mailing Address

100 N.W. 82ND AVENUE, SUITE 302  
 PLANTATION FL 33324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0365859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

KAUFMAN, IRWIN  
 2220 N.W. 103RD AVENUE  
 PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

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

City

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
 NAME WOLTER, EUGENE J JR.  
 STREET ADDRESS 1101 NW. 78 TERR.  
 CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE STD  
 NAME DISPENZIERE, BEN  
 STREET ADDRESS 1781 S.W. 68TH AVE.  
 CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE SD  
 NAME WOLTER, INCI  
 STREET ADDRESS 1101 NW. 78 TERR.  
 CITY-ST-ZIP PLANTATION FL 33322 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AP-31-00

Date

(954) 370-3803

Daytime Phone #

CR2E034 (5/00)