

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90006 014 ***150.00

DOCUMENT # P00000012984

1. Entity Name
ETI'K, INC.



Principal Place of Business
6705 SOUTHWEST 6TH STREET
MARGATE FL 33068

Mailing Address
6705 SOUTHWEST 6TH STREET
MARGATE FL 33068

00075688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1307 E. Commercial
 Suite, Apt. #, etc. **Nud**

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Margate, FL.
 Zip **33334**
 Country

City & State
 Zip
 Country

4. FEI Number
05-097-4828
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 12, 2001 Fee 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KRANCE, ETI 6705 SOUTHWEST 6TH STREET MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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



Etik **8/16/01 954-689-3511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/01)

Attachment Doc# P00000012984- C007508

 <p>Eti'K BY THE WAY</p>	<p>1307 East Commercial Blvd. Oakland Park, FL 33334 Tel: 954-689-3511 Fax: 954-689-3655 Email Address: www.etikupscaleclubwear.com</p>	
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8/16/01

To: Division of Corporations
Uniform Business Reporting
Department of State

To Whom it may concern:

Regarding Document. P00000012984: I only recently received this form due to location move as well as major upsets in my life which created an element of chaos - mainly my mother having come down with Alzheimer disease.

With this in mind, I humbly request your acceptance of the initial \$150.00 fee due to the department of state, and waiving the penalty attached. My husband spoke to Mr. Christy, in your department who graciously advised me to write this letter. Kindly make note of the new address in order to avoid any future loss of documents. Thank you.

Sincerely,

