

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90096 027 ***150.00

DOCUMENT # 690947

1. Entity Name

S.I.M. POST HORN CARDS & GIFTS, INC.

Principal Place of Business

**80 W. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33311**

Mailing Address

**80 W. OAKLAND PARK BLVD.
FT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2109226

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KURLAND, SHELDON C., ESQ.
9853 PINES BLVD
PEMBROKE PINES FL 33024****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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	TITLE	
NAME	CHAIMOWITZ, STEVEN	NAME	
STREET ADDRESS	13173 N.W. 11TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	CHAIMOWITZ, MINDY	NAME	
STREET ADDRESS	13173 N.W. 11TH PLACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Mindy Chaimowitz **Mindy Chaimowitz** **4/10/02** **954-565-5828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)