

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90023 028 ***150.00

DOCUMENT # H72968

1. Entity Name

LOVE GREETING CARDS INC.

Principal Place of Business

Mailing Address

1717 OPA LOCKA BLVD
 OPA LOCKA FL 33054

1717 OPA LOCKA BLVD
 OPA LOCKA FL 33309-4601

2. Principal Place of Business

4180 NW 10 AVE
 Suite, Apt. #, etc.

3. Mailing Address

4180 NW AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

4. FEI Number

59-2575957

Applied For

Not Applicable

Zip

33309

Country

FL LAUDERDALE

Zip

33309

Country

FL LAUDERDALE

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, STEWART G.
7101 S.W. 102ND AVENUE
MIAMI FL 33173

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, 2000 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 **PD** ☐ Delete
 NAME **BARKER, GREGORY**
 STREET ADDRESS **1650 N.E. 115TH ST.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete
 NAME **BRAUNSTEIN, JOSEPH**
 STREET ADDRESS **2901 S. OCEAN BLVD.**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **VD** ☐ Delete
 NAME **BRAUNSTEIN, DAVID**
 STREET ADDRESS **10 DEANNA COURT**
 CITY-ST-ZIP **DIX HILLS NY 11746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #