

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H72968

1. Entity Name
LOVE GREETING CARDS INC.



FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90022 020 ***550.00

0335496 AV

Principal Place of Business
4180 NW 10 AVE
FORT LAUDERDALE FL 33309

Mailing Address
4180 NW 10 AVE
FORT LAUDERDALE FL 33309



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 59-2575957

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAUNSTEIN, JOSEPH

~~2901 S. OCEAN BEACH BLVD.~~

~~APT. #703~~

~~HIGHLAND BEACH FL 33407~~

7144 FRANCISCO BEND DRIVE
DELRAY BEACH, FL. 33446

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VD
NAME BRAUNSTEIN, JOSEPH
STREET ADDRESS 2901 S. OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH FL 33407 ☐ Delete

TITLE
NAME
STREET ADDRESS 7144 FRANCISCO BEND DRIVE
CITY-ST-ZIP DELRAY BEACH, FL 33446 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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 #

CR2E034 (10/02)