

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**  
 03-17-2000 90069 007 \*\*\*150.00

DOCUMENT # **K53400** ✓  
 1. Entity Name  
**Hallmark Service Systems**

Principal Place of Business Mailing Address

2. Principal Place of Business  
**409 W Hallandale Bch Blvd**  
 Suite, Apt. #, etc.  
**217**

3. Mailing Address  
**P.O. Box 488**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Hallandale**

City & State  
**Hallandale, FL**

4. FEI Number  
**65-0096443**

Applied For  
 Not Applicable

Zip Country  
**FL USA**

Zip Country  
**33008 USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Donna Greenspan**  
**409 W Hallandale Bch Blvd**  
**Hallandale, FL 33008**

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 **Donna Greenspan** **Donna Greenspan**

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

(NOTE: Registered Agent signature required when reinstating)

**3/8/00**  
 DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
**President**  
**Donna Greenspan**  
**409 W Hallandale Bch Blvd**  
**Hallandale, FL 33008**

☐ Delete

TITLE  
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 STREET ADDRESS  
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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 617, 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: **Donna Greenspan**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/00**  
 Date

**954-456-1911**  
 Daytime Phone #