

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

01/21/99

DOCUMENT # P0000000288

1. Entity Name
SERENITY GREETING CARDS, CO.

03-02-2001 90044 031 ***150.00

Principal Place of Business
4601 NW 183 ST., #K-1
MIAMI FL 33055
Mailing Address
4601 NW 183 ST., #K-1
MIAMI FL 33055



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

4. FEI Number APPLIED FOR
65-1037624
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BARRON, ANNA LISA
4601 NW 183 ST., #K-1
MIAMI FL 33055

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with columns for Title, Name, Street Address, City-ST-ZIP for officers and directors. Includes entries for BARRON, ANNA LISA; BLACKMON, CEDERICK; BLACKMON, MAURICE; BARRON, WINSTON.

Table with columns for Title, Name, Street Address, City-ST-ZIP for additions and changes to officers and directors.

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: Anna Lisa Barron (Anna Lisa Barron) 02/28/01 305-628-9390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)