

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000022938**

1. Entity Name

WEDDING INVITATIONS Plus, Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

6175 NW 167th STREET

3. Mailing Address

6175 NW 167th STREET

Suite, Apt. #, etc.

G12

Suite, Apt. #, etc.

G12

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33015

Country

USA

Zip

Country

USA

4. FEI Number

65-0998900

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JUDITH MCKINLEY
5714 Blueberry Court
Landerhill FL 33313**

7. Name and Address of New Registered Agent

Name

JUDITH MCKINLEY

Street Address (P.O. Box Number is Not Acceptable)

6175 NW 167th STREET

STE G12

City

MIAMI

FL

Zip Code

33015

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]

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

(NOTE: registered Agent signature required when reinstating)

4/28/01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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FILE NOW!!!

After MAY 1, 2001

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / TREASURER	<input type="checkbox"/> Delete
NAME	JUDITH MCKINLEY	
STREET ADDRESS	6175 NW 167th STREET STE G12	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	JOHN MCKINLEY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	ANTHONY BURTON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VIC-PRESIDENT / DIRECTOR	<input type="checkbox"/> Delete
NAME	LEKS JOHNSON	
STREET ADDRESS	6175 NW 167th ST. STE # G12	
CITY-ST-ZIP	MIAMI FL 33015	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P; T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6175 NW 167th STREET STE G12	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EASTON MCKINLEY	
STREET ADDRESS	6175 NW 167th ST. STE G12	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SECRETARY - S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARVA LEWINSON	
STREET ADDRESS	6175 NW 167th ST STE G12	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6175 NW 167th ST. STE G12	
CITY-ST-ZIP	MIAMI FL 33015	

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

DATE

305-558-1186

DAYTIME PHONE #

CR2E034 (11/00)