2001 UNIFØRM BUSINESS REPORT (UBR)

FILED Feb 21, 2001 8:00 am Secretary of State DOCUMENT # P00000109648 1. Entity Name SCRAPBOOKS & STUFF, INC. 02-08-2001 90381 028 ***150.00 Principal Place of Business Mailing Address 13745 SOUTHWEST 79TH COURT 13745 SOUTHWEST 79TH COURT MIAMI FL 33158 MIAM) FL 33158 2. Principal Place of Business 3. Mailing Address SW 132 <u>8811 5W 132 ST</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 105-105 - 7460 Not Applicable Country Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired Fee Required 31 us A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBINS, GAYLEN Street Address (P.O. Box Number is Not Acceptable) 11231 SOUTHWEST 69TH COURT **MIAMI FL 33158** Zip Code City 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. CATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TILE Change : ☐ Delete TITLE NAME Acosta, Lisa NAME ACOSTA, LISA 14342 SW 160 Ter STREET ADDRESS STREET ADDRESS 13745 SOUTHWEST 79TH COURT CITY-ST-ZIP CITY-ST-ZIP Miami FL 33177 MIAMI FL 33158 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME BENDER, KOBI STREET ADDRESS STREET ADDRESS 13745 SOUTHWEST 79TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33158 Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.