

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90027 007 ***150.00

DOCUMENT # P00000110006

1. Entity Name

LITTLE GRINS, INC.

Principal Place of Business

Mailing Address

**C/O HERMAN MOSKOWITZ, CPA
450 NORTH PARK ROAD SUITE 410
HOLLYWOOD FL 33021****C/O HERMAN MOSKOWITZ, CPA
450 NORTH PARK ROAD SUITE 410
HOLLYWOOD FL 33021**

2. Principal Place of Business

3850 HOLLYWOOD BLVD

3. Mailing Address

3850 HOLLYWOOD BLVD

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1060552

Applied For

Not Applicable

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

**MOSKOWITZ, HERMAN CPA
C/O HERMAN MOSKOWITZ, CPA
450 NORTH PARK ROAD SUITE 410
HOLLYWOOD FL 33021**

Name

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

3850 HOLLYWOOD BLVD SUITE 204

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RONALD BIZICK II	DIRECTOR PRES.	3850 HOLLYWOOD BLVD. SUITE 204	<input type="checkbox"/>
		HOLLYWOOD FL	33021	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2001

Date

561 212 8815

Daytime Phone #

CR2E034 (10/00)