

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

06-19-2002 90456 015 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # <u>201000113135</u>			
1. Entity Name <u>Events Plus Inc.</u>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <u>5342 NW 119 Terrace</u> Suite, Apt. #, etc.		3. Mailing Address <u>Same</u> Suite, Apt. #, etc.	
City & State <u>Coral Springs FL</u>		City & State	
Zip <u>33076</u>	Country <u>Broward</u>	Zip	Country
4. FEI Number <u>65-1157137</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Cindy Brief</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5342 NW 119 Terrace</u>			
City <u>Coral Springs</u>		FL	Zip Code <u>33070</u>
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>6/30/02</u> (NOTE: Registered Agent signature required when reissuing)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Cindy Brief</u> <u>5342 NW 119 Terrace</u> <u>Coral Springs FL 33076</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<b>DO NOT WRITE IN THIS SPACE</b>			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Cindy Brief</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>6/11/02</u> <u>954-345-0436</u> Daytime Phone #	

CR2E034B (12/01)

Attachment

Events Plus Inc.

Document #

~~PO10000~~  
PO10001/3135

# Memo

**To:** Uniform Business Report Office

**FROM:** Cindy Brief

**DATE:** 6/12/02

**RE:** Annual Report

38327

Attached please find copy of the Uniform Business Report, that I have completed for my company, Events Plus Inc. This new company was incorporated on 11/29/02. I had never received a form to fill out regarding an annual report and thought that since my first day of business was 1/1/02 that I did not have to file the report for this year. Upon speaking with my accountant I was informed that he thought I should call your office to see if it needed to be filed. I was informed that even though I did not start business until 2002, that since I was incorporated in November that I needed to complete this form. Enclosed please find completed information and enclosed please find a check for \$150.

Thanks for your help.



Attachment

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

38327

June 20, 2002

EVENTS PLUS, INC.  
5342 NORTHWEST 119TH TERRACE  
CORAL SPRINGS, FL 33076

Subject: EVENTS PLUS, INC.

Reference Number: P01000113135

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rj

ANNUAL REPORTS SECTION