

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

**DOCUMENT #** P02000010327

**1. Entity Name**

ERRANDS RUNNING, INC



03 NOV 24 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2. Principal Place of Business**

149 NE 99th. Street  
Suite, Apt. #, etc.

**City & State**

Miami Shores, FL 33138

**Zip**

33138

**Country**

DADE

**3. Mailing Address**

149 NE 99th. Street  
Suite, Apt. #, etc.

**City & State**

Miami Shores, FL 33138

**Zip**

33138

**Country**

DADE

**REINSTATEMENT** 03

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

01-0668490

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Jeffrey A. Mowers

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

14750 NW 77th. Court, Ste 300

Miami Lakes, FL

**City**

Miami Lakes

**Zip Code**

FL 33016

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

PSTD  
VEINOVIC, CAROLYN  
149 NE 99th. Street  
Miami Shores, FL 33138

**TITLE  
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CITY-ST-ZIP**

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**12. 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 10 or on an attachment with an address, with all other like empowered.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

**ERRANDS RUNNING, INC**  
**149 NE 99<sup>th</sup>. Street**  
**Miami Shores, FL 33138-2340**  
**Telephone (305)757-1694**

—October 16, 2003


Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sirs,

Re: Errands Running, Inc.

It seem as if your 2003 UBR form was either sent to the wrong address or lost in the mail, so we have downloaded the form from the internet and sent herewith along check for \$150.00.

Thanking you,  
Yours truly,

  
Carolyn Veinovic  
President