

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-15-2003 90158,047 ***150.00
P02000098420

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000098420

1. Entity Name
SOUVENIR DIRECT INC.



Principal Place of Business
12535 ORANGE DRIVE SUITE 613 BUILDING 6
DAVE FL 33330-4304

Mailing Address
12535 ORANGE DRIVE SUITE 613 BUILDING 6
DAVE FL 33330-4304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2563888

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SASLEAW, GARY R
20801 BISCAYNE BLVD SUITE 304
AVENTURA FL 33180-1422

7. Name and Address of New Registered Agent

Name

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

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. 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 re/instating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D ULLMAN, HOWARD III
STREET ADDRESS 12535 ORANGE DRIVE SUITE 613 BUILDING 6
CITY-ST-ZIP DAVE FL 33330-4304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)

AG ASSOCIATES

Certified Public Accountants and Consultants

+ x = \$ + x = \$ + x = \$ + x = \$

Attachment
80148352

Clifford B. Ain, C.P.A.
Lester A. Gruda, C.P.A.

September 11, 2003

Division of Corporations
Uniform Business Report Filings (UBR)
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: **Souvenir Direct Inc.**
Form: Uniform Business Report
Year: 2003
Document# P02000098420

Gentlemen:

We have been asked to address this issue by our above referenced client. Our client never received the initial UBR and request for payment. In light of this information, we ask that you accept our check in the amount of \$150.00 and forgo all additional fees.

Thank you in advance for your assistance with this matter.

Very truly yours,


Lester A. Gruda, C.P.A.
For the Firm

LAG/mp
Enclosures

cc: Souvenir Direct Inc.

J/Letters/2003/China Direct - UBR.doc