

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077772

1. Entity Name

SIMPLY GREEK PROMOTIONAL PRODUCTS, INC.

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90002 014 ***158.75

Principal Place of Business

3878 PROSPECT AVE
SUITE 22
WEST PALM BEACH FL 33404
US

Mailing Address

3878 PROSPECT AVE
SUITE 22
WEST PALM BEACH FL 33404
US

2. Principal Place of Business

2011A N. DIXIE

Suite, Apt. #, etc.

3. Mailing Address

2011A N. DIXIE

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number 65-0540201

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

EDDEN, CHRISTOPHER
6074-202 FOREST HILL BLVD
W PALM BCH FL 33415

Name

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

City

011

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

4/26/01

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 P
NAME CHRISTOPHER EDDEN
STREET ADDRESS 6071-202 FOREST HILL BLVD
CITY-ST-ZIP W PALM BCH FL 33415 ☐ Delete

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

TITLE VP
NAME EDDEN, NERITZA
STREET ADDRESS 6074-202 FOREST HILL BLVD
CITY-ST-ZIP WPB FL 33415 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

4/26/01

Date

(561) 533-5242

Daytime Phone #

CR2E034 (10/00)