

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P95000014421

1. Entity Name

ENGRAVING CONCEPTS, INC.

FILED

01 MAY 23 PH 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

Principal Place of Business

Mailing Address

2721 PALM AIRE DRIVE SOUTH
POMPANO BEACH, FL 33069

2. Principal Place of Business

2721 PALM AIRE DRIVE SOUTH

Suite, Apt. #, etc.

3. Mailing Address

2721 PALM AIRE DRIVE SOUTH

Suite, Apt. #, etc.

2000-2001 UBR

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0559 868

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

USA

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

CARL J. GAROFALO
2721 PALM AIRE DRIVE SOUTH
POMPANO BEACH, FL 33069

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.

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
PRES
CARL J. GAROFALO
2721 PALM AIRE DRIVE SOUTH
POMPANO BEACH, FL 33069 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
201.25-AR ☐ Change ☐ Addition
10.00-ARARTS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
88.75-AR SUPP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004430237-3 ☐ Change ☐ Addition
-06/19/01--01081--011
****300.00 ****300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
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

CARL J. GAROFALO

Date

5/19/01 954-610-1699

Daytime Phone #

CR2E034 (11/00)

May 19, 2001

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314



3300 UNIVERSITY DRIVE
SUITE 504
CORAL SPRINGS, FL 33065-4131
PHONE: 954-346-3200
FAX: 954-755-8672
EMAIL: JOELTAXPRO@AOL.COM
WWW.CREATIVE-ACCOUNTING.COM

re: **Engraving Concepts, Inc. P95000014421**

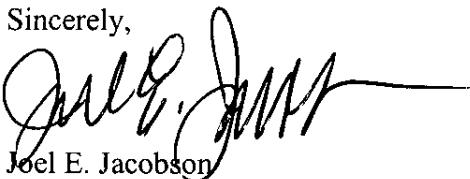
To Whom It May Concern:

Enclosed is a Uniform Business Report form for my above referenced client and a check in the amount of \$300.00 to cover the fees for the years 2000 and 2001.

We respectfully request that the corporation be reinstated without any penalty because the taxpayer moved several times during the last two years and the forms were never received.

Your cooperation is appreciated.

Sincerely,



Joel E. Jacobson