

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025290

1. Entity Name

REAL WORLD GREETINGS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90037 001 ***150.00

Principal Place of Business

2753 S OAKLAND FOREST DR #202
 OAKLAND PARK FL 33309

Mailing Address

2753 S OAKLAND FOREST DR #202
 OAKLAND PARK FL 33309-5698

2. Principal Place of Business

2016 NE 26 DR.

3. Mailing Address

2016 NE 26 Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton Manors FL.

City & State

Wilton Manors, FL

4. FEI Number

65-0658030

Applied For

Not Applicable

ZIP

Country

33306

ZIP

Country

33306

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BIRD, CATHERINE
 2753 S OAKLAND FOREST DR #202
 OAKLAND PARK FL 33309

7. Name and Address of New Registered Agent

Name Catherine Bird
 Street Address (P.O. Box Number is Not Acceptable)
 2016 NE 26 DR.
 City Wilton Manors, FL ZIP 33306

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

Catherine Bird Cath Bird

4/26/00

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, 2000 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

TITLE VP
 NAME POLIDORO, DAN
 STREET ADDRESS 3028 S. OAKLAND FOREST DR., #3205
 CITY-ST-ZIP OAKLAND PARK FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
 NAME POLIDORO, DAN
 STREET ADDRESS 2016 NE 26 Drive
 CITY-ST-ZIP Wilton Manors, FL 33306

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/2000 954-567-4424

CR2E034 (9/99)