2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000025290**

1. Entity Name

REAL WORLD GREETINGS, INC.

FILED Jan 18, 2001 8:00 am Secretary of State

| No. Name and Address of Current Registered Agent St. Certificate of Status Desired St. Additional Fee Required | | | | | | | 01-18-2001 90019 | 030 *** | 150.00 | |
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| The country Zip Country Zip Country S. Certificate of Status Desired Status D | Suite, Apt. # | #, etc. | Suite, Apt. #, etc. | | | | DO NOT WRIT | TE IN THIS | SPACE | |
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| BIRD, CATHERINE 2016 NE 26 DR. WILTON MANORS FL 33306 City FL Zip Code Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code SignATURE Command entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SignATURE SignATURE SignATURE Command is eligible to satisfy its intraggible Tax fling requirement and docts to do so (See criteria on back) FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State Active of Process AND DIRECTORS TITE NAME SIRET ADDRESS OTY-51-3P WILTON MANORS FL 33308 Delete TITE Delete TITE Delete TITE Delete TITE NAME SIRET ADDRESS OTY-51-3P TITE Delete TITE Delet | Zip | Country | Zip | Zip Country | | 5. | Certificate of Status Desired | | \$8.75 Add | ditional |
| BIRD, CATHERINE 2016 NE 28 DR. WILTON MANORS FL 33306 City City FL Zip Code City FL Addition Contribution City C | | 6 Name and Address of Curre | nt Registered Agent | Д | | 7 1 | Name and Address of New R | enistered | | |
| BIRD, CATHERINE 2016 NE 26 DR. WILTON MANORS FL 33306 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 System to provide the provided name of required agent and this a applicable. NOTE Registered Agent agents recorded when interesting. P. This corporation is eligible to satisfy its intangible Task filing requirement and elected to do so (See criteria on back) In OFFICERS AND DIRECTORS TITLE VP POLIDORO, DAN DIRECTORS TITLE VP POLIDORO, DAN DIRECTORS TITLE Delete TITLE D | - 2 | | | | Name | | | egistereu | Agent | |
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| 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 preham name of registered agent and size it applicable. (NOTE Registered Agent signature required when intending) DATE | 2016 | . : | Street Addres | s (P.O. E | 3ox Number is Not Acceptable | ∌) | | | | |
| 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 specifor printed name of registered agent and size it applicable. P. This corporation is eligible to satisfy its intangible Tax filling 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 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP DOLIDORO, DAN SINET ADDRESS OTH ST-2P WILTON MANORS FL 33306 TITLE Delete Delete TITLE Delet | WILTO | ON MANORS FL 33306 | | | _ | | | | | |
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| SIGNATURE Symmetry, typical of protect name of registered agent and she it applicable. NNOTE Registered Aport signature required when reinitating) DATE | | | · · · · · · · · · · · · · · · · · · · | | | | | PL | • | |
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