2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 14, 2002 8:00 am Secretary of State

05-14-2002 90361 006 ***150.00

DOCUMENT #	P9600003334	12
1. Entity Name	, , , ,	•
\sim 1		•

RIQUIS GREETINGS, INC.

		•
DO NOT WRITE IN THIS	SPACE	
2. Principal Place of Business 7491 5, W, 62 ST 74915.	W. 625T	
749 5, W , 62 57 14915. Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State FL. City & State MIAM	i, FL	4. FEI Number
733143 Country DADE 33143	Country DADE	5. Certificate of Status Desired Security \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent
	Name 200	006FO-A. VILLEGAS
DO NOT WRITE	Street Address (F	P.O. Box Number is Not Acceptable)
IN THIS SPACE	7491	S.W. 62 ST
	City MIA	M1 FL Zip 538, 43
8. The above named entity submits this statement for the purpose of changi	ng its registered office or registere	ed agent, or both, in the State of Florida.
(/ 1///)		RESIDENT 4/25/02
Schature typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required	when reinstating) DATE
Tax filing requirement and elects to do so. After Ame	1 - May 1 Fee is \$150.00 May 1, Fee is \$550.00 ended UBR is \$61.25 Payable to Department of Stat	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS		
MARIA L. VILLEGAS	TITLE	
NAME STREET ADDRESS 7491 SW 62 ST	NAME STREET ADDRESS	
CITY-ST-ZIP MIAMI, 71 33143	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	•
STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	TITLE	
TITLE NAME	NAME	
STREET ADDRESS	STREET ADDRESS	DO-NOT-WRITE
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	IN THIS SPACE
NAME	NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	
NAME STREFT ADDRESS	STREET ADDRESS	
CITY_ST_7IP	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 of the receiver or rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with any address, with all pher like empowered.

SIGNATURE

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (305)710-4458

Daytime Phone #