

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048047

1. Entity Name

GIVE US THE DETAILS, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90046 020 ***150.00

Principal Place of Business Mailing Address
20152 NW 12 COURT PO BOX 245903
MIAMI FL 33169 PEMPROKE PINES FL 33024-0115
US

2. Principal Place of Business 3. Mailing Address
4161 Laurel Ridge Circle Suite, Apt. #, etc.

City & State Weston, Florida City & State

Zip 33331 Country USA Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0804069 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERSON, GWENDOLYN
20152 NW 12 COURT
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name Gwendolyn Pierson
Street Address (P.O. Box Number is Not Acceptable) 4161 Laurel Ridge Circle
City Weston FL Zip Code 33331

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

Gwendolyn Pierson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/00
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 P
NAME PIERSON, GWENDOLYN
STREET ADDRESS 20152 NW 12TH COURT
CITY-ST-ZIP MIAMI FL 33169

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4161 Laurel Ridge Circle
CITY-ST-ZIP Weston, Florida 33331

TITLE
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CITY-ST-ZIP

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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:

Gwendolyn Pierson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #