

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000051853**

1. Entity Name

DIPLOMAT CARDS & GIFTS, INC.

Principal Place of Business

Mailing Address

**2608-1 N OCEAN BLVD #110
POMPANO BEACH, FLORIDA 33062**

SAME

FILED

00 NOV -9 PM 5: 06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

2. Principal Place of Business

2608-1 N OCEAN BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FLORIDA

City & State

4. FEI Number

65-076-0911

Applied For

Not Applicable

Zip

33062

Country

USA

Zip

Country

5. Certificate of Status Desired **XX**

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JEAN PARSONS
2608-1 N OCEAN BLVD #110
POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

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, 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 ☒ Delete
NAME **PRESIDENT/DIRECTOR**
STREET ADDRESS **MARCUS VAN WINKLE**
CITY-ST-ZIP **2608 N OCEAN BLVD #10
POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT/DIRECTOR**
STREET ADDRESS **VICKY VAN WINKLE**
CITY-ST-ZIP **2608-1 N OCEAN BLVD #110
POMPANO BEACH, FL 33062**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKY VAN WINKLE

Date

Business Phone #

11-6-0 954 786 8200