

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000107412**

1. Entity Name

IDEAL PROMOTIONAL PRODUCTS, INC.**FILED**
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90003 016 ***150.00

Principal Place of Business

Mailing Address

**300 S.W. 2ND STREET, SUITE 9
FT LAUDERDALE FL 33312****300 S.W. 2ND STREET, SUITE 9
FT LAUDERDALE FL 33312**

L00174133

2. Principal Place of Business

3. Mailing Address

11548 SW 56 ST.**11548 SW 56 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Cooper City, FLA.City & State
Cooper City, FLA.4. FEI Number **65-0800763**

Applied For

Not Applicable

Zip Country
33330 BrowardZip Country
33330 Broward5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
KURAS, DANIEL F
300 S.W. 2ND STREET, SUITE 9
FT LAUDERDALE FL 33312** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KURAS, DANIEL F
300 S.W. 2ND STREET, SUITE 9
FT LAUDERDALE FL 33312** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel F. Kuras

Date

4/25/01 954-252-6778

Daytime Phone #

CR2E034 (10/00)