

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
 04-17-2002 90095 024 ***150.00

DOCUMENT # P98000003369

1. Entity Name
ERZULIES, INC.

Principal Place of Business
2021 E SOUTH STREET
ORLANDO FL 32803

Mailing Address
PO BOX 533122
ORLANDO FL 32853

2. Principal Place of Business

3. Mailing Address
2021 E South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando FL

4. FEI Number **59-3491436**

Applied For
 Not Applicable

Zip

Country

Zip
32803

Country
orange

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SALZMAN, MARY
2021 E SOUTH STREET
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name **Anna Parmelee**
 Street Address (P.O. Box Numbers Not Acceptable) **2021 E South St**
 City **Orlando** **FL** Zip **32803**

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

(NOTE: Registered Agent signature required when reinstating)

04/07/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALZMAN, MARY	
STREET ADDRESS	2021 E SOUTH STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	Anna Parmelee	<input type="checkbox"/> Delete
NAME	Anna Parmelee	
STREET ADDRESS	2021 E. SOUTH ST	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/02

Date

Daytime Phone #

CP2E034 (9/01)