

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020068

1. Entity Name

INTEGRATED CHRISTMAS DESIGNS, INC.

FILED

Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90059 038 ***150.00

Principal Place of Business

6310 HUTCHINSON ROAD
MIAMI LAKES FL 33014

Mailing Address

6310 HUTCHINSON ROAD
MIAMI LAKES FL 33014-1382

2. Principal Place of Business

7603 Alpine Lane
Suite, Apt. #, etc.

3. Mailing Address

7603 Alpine Lane
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Parkland FL

City & State

Parkland FL

4. FEI Number

65-0821774

Applied For

Not Applicable

Zip

33067

Country

U.S.A.

Zip

33067

Country

U.S.A.

5. 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

WASCH, JOSEPH C
5530 COACH HOUSE CIRCLE #E
BOCA RATON FL 33486

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FIORINZI, JENNIFER D	
STREET ADDRESS	6310 HUTCHINSON ROAD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIORINZI, CHARLES J	
STREET ADDRESS	6310 HUTCHINSON ROAD	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7603 Alpine Lane
CITY-ST-ZIP	Parkland, FL 33067
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7603 Alpine Lane
CITY-ST-ZIP	Parkland, FL 33067
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
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

03/19/00

Date

305-622-3423

Daytime Phone #