

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078313

1. Entity Name

**SPECIAL MOMENTS, INC.**

**FILED**

**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90010 045 \*\*\*150.00

Principal Place of Business

18921 NW 11 AVE  
MIAMI FL 33169

Mailing Address

18921 NW 11 AVE  
MIAMI FL 33169

2. Principal Place of Business

13717 74St. North

Suite, Apt. #, etc.

3. Mailing Address

13717 74St. North

Suite, Apt. #, etc.

City & State

WEST Palm BEACH, FL

City & State

WEST Palm BEACH, FL

Zip

33412

Country

USA

Zip

33412

Country

USA

4. FEI Number

65-0864806

Applied For

Not Applicable

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

FEINBERG, JEFFREY  
4000 HOLLYWOOD BLVD.  
SUITE 350-N  
HOLLYWOOD FL 33021

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 D  
NAME GRANT, PATRICIA  
STREET ADDRESS 2480 NW 89 AVENUE  
CITY-ST-ZIP SUNRISE FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME Grant, Patricia  
STREET ADDRESS 13717 74St. North  
CITY-ST-ZIP WEST Palm BEACH, FL 33412

TITLE  
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TITLE  
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

2/18/01 (5d) 791-7911  
Date Daytime Phone #

CR2E034 (10/00)