

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-16-2001 90359 012 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102917
 1. Entity Name



CUSTOM TEE'S AND SOUVENIRS, INC.

Principal Place of Business Mailing Address
 12223 N.W. 35TH STREET SAME
 CORAL SPRINGS, FL
 33065

2. Principal Place of Business 3. Mailing Address
 12223 N.W. 35TH AVENUE

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 CORAL SPRINGS, FL

Zip Country Zip Country
 33065 BROWARD

4. FEI Number Applied For
 65-0874929 Not Applicable

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



48856

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSIMINO, ANTHONY
 12221 N.W. 35TH STREET
 CORAL SPRINGS, FL 33065

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D ANTHONY MASSIMINO 12221 NW 35 STREET CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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

6/10/01 561-333-4533
 Date Daytime Phone #

CR2E034 (11/00)