

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032001

1. Entity Name

SPECIAL MOMENTS...FOREVER, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90121 010 ***150.00

Principal Place of Business

2535 MEADOWOOD DRIVE
NEW PORT RICHEY FL 34655

Mailing Address

2535 MEADOWOOD DRIVE
NEW PORT RICHEY FL 34655-3706

2. Principal Place of Business

1201 Pinellas Ave N

3. Mailing Address

2535 Meadowood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

NPR FL

Zip

34689

Country

USA

Zip

34655

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAVAS, ANNETTE
5436 LAPLATA DRIVE
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

Angelle D Damalos

Street Address (P.O. Box Number is Not Acceptable)

2535 Meadowood Dr

City

New Port Richey FL

Zip Code

34655

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]

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAMALOS, DIMITRA	
STREET ADDRESS	2535 MEADOWOOD DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAVAS, ANNETTE	
STREET ADDRESS	5436 LAPLATA DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAMALOS, Angelle	
STREET ADDRESS	2535 Meadowood Dr	
CITY-ST-ZIP	NPR FL 34655	
TITLE		<input type="checkbox"/> Delete
NAME		
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (727) 372-1049

Date

Daytime Phone #