

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034690

1. Entity Name

SOUVENIRS, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90007 014 ***150.00

Principal Place of Business

11305 KNOT WAY
COOPER CITY FL 33026

Mailing Address

11305 KNOT WAY
COOPER CITY FL 33026

2. Principal Place of Business

8900 WASHINGTON ST

3. Mailing Address

8900 WASHINGTON ST

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

217

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33025

Country

USA

Zip

33025

Country

USA

4. FEI Number

65-0917524

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JENNINGS & VALANCY, P.A.
ONE E BROWARD BLVD.
STE. 1505
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

SUSAN EDELSTEIN

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

8900 WASHINGTON ST APT 217

City

Pembroke Pines

FL

Zip Code 33025

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

Susan Edelstein

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

(NOTE: Registered Agent signature required when reinstating)

7/15/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME EDELSTEIN, SUSAN
STREET ADDRESS 11305 KNOT WAY
CITY-ST-ZIP COOPER CITY FL 33026

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME EDELSTEIN SUSAN
STREET ADDRESS 8900 WASHINGTON ST
CITY-ST-ZIP Pembroke Pines, FL 33025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SUSAN EDELSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/00 954 431 6378

Attachment
P99000034690
A0070287

SOUVINERS, INC
8900 WASHINGTON ST SUITE 217
PEMBROKE PINES, FL 33025
TEL 954 431 6378
FAX 954 431 5009

TO WHOM IT MAY CONCERN;

WE DID NOT RECEIVE THE FIRST REORT YOU SENT AS WE HAD CHANGED OUR MAILING ADDRESS. I SPOKE TO SOMEONE ON THE TELEPHONE IN YOU DEPARTMENT AND SHE ASKED ME TO MAIL IN THE FEE OF \$150.00 ALONG WITH THIS LETTER IN THE HOPE YOPU WOULD BE KIND ENOUGH TO ACCEPT THIS PAYMENT.

THANK YOU

SUSAN EDELSTEIN