

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90105 043 ***150.00

DOCUMENT # P99000034690

1. Entity Name

SOUVENIRS, INC.

Principal Place of Business

**8900 WASHINGTON 89
 217
 PEMBROKE PINES FL 33025**

Mailing Address

**8900 WASHINGTON 89
 217
 PEMBROKE PINES FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

EDELSTEIN, SUSAN

8900 WASHINGTON ST APT 217

PEMBROKE PINES FL 33025

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, 2002 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
PD ~ EDELSTEIN, SUSAN
8900 WASHINGTON ST H217
PEMBROKE PINES FL 33025 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 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 #

CR2E034 (9/01)

Attachment

312908

GANGBOX'S UNLIMITED
1541 LA COSTA DRIVE EAST
PEMBROKE PINES, FL 33027
TEL 954 431-6378
FAX 954 431-5009

#P99000034690

DATE : 1/22/02
TO;
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

ATT;

TEL; 850 488 9000
FAX;

TO WHOM IT MAY CONCERN

WE HAVE MOVED FROM THE OLD ADDRESS YOU HAVE ON FILE AT 8900 WASHINGTON ST
IN PEMBROKE PINES. THE NEW ADDRESS IS

SOUVINERS, INC
D/B/A GANGBOX'S UNLIMITED
1541 LA COSTA DRIVE EAST
PEMBROKE PINES, FL 33027
TEL 954 558 3158
FAX 954 431 5009

Pls change Address
of Registrar Agent
To
1541 - La Costa Dr

TAX ID NO 65 0917524

THANK YOU SUSAN EDELSTEIN

Susan Edelstein