FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

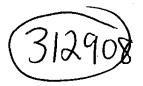
## Feb 12, 2002 8:00 am Secretary of State DOCUMENT # P99000034690 1. Entity Name 02-12-2002 90105 043 \*\*\*150 00 SOUVENIRS, INC. Principal Place of Business Mailing Address 8900 WASHINGTON 89 8900 WASHINGTON 89 217 217 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0917524 Not Applicable Zip Country\*: - -\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDELSTEIN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 8900 WASHINGTON ST APT 217 PEMBROKE PINES FL 33025 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9."This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Change Addition ☐ Delete PD " NAME NAME EDELSTEIN, SUSAN STREET ADDRESS STREET ADDRESS 8900 WASHINGTON ST H217 CITY-ST-7IP CITY-ST-ZIP PEMBROKE PINES FL 33025 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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

Shaw Eden &

changed, or on an attachment with an address, with all other like empowered

Affachment



GANGBOX'S UNLIMITED 1541 LA COSTA DRIVE EAST PEMBROKE PINES, FL 33027 TEL 954 431-6378 FAX 954 431-5009 #P990000 3469D

DATE: 1/22/02 TO; DIVISION OF CORPORATIONS PO BOX 6327

TALLAHASSE,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 REGISTORS AGENT
TO
-1541-LA COSTA DE

TAX ID NO 65 0917524

THANK YOU SUSAN EDELSTEIN,