

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058788

1. Entity Name

PARK PLACES GREETING CARDS, CORP.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90024 012 ***150.00

Principal Place of Business

1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Mailing Address

1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486-3327

2. Principal Place of Business

2717 W. Cypress Creek Road

3. Mailing Address

2717 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number

65-0934836

Applied For

Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

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

CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

Name

~~Cantor, Samuel J~~

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

6700 Broken Sound Parkway NW

Suite 200

City
Boca Raton

FL

Zip Code
33487

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 date 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, 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
NAME
D
PARKER, DAVID L
STREET ADDRESS
1489 W. PALMETTO PARK ROAD, SUITE 485
CITY-ST-ZIP
BOCA RATON FL 33486 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
Steven G Rose
STREET ADDRESS
2717 W. Cypress Creek Road
CITY-ST-ZIP
Fort Lauderdale, FL 33309 ☒ Change ☒ Addition

TITLE
NAME
D
Philip Stickles
STREET ADDRESS
2717 W Cypress Creek Rd
CITY-ST-ZIP
Ft Lauderdale, FL 33309 ☐ Change ☒ Addition

TITLE
NAME
D
Deborah Glantz
STREET ADDRESS
2717 W Cypress Creek Rd
CITY-ST-ZIP
Ft Lauderdale, FL 33309 ☐ Change ☒ Addition

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

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

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:

Signature of David L Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

954 969 0658
Daytime Phone #

CR2E034 (9/99)