

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-15-2001 90045 032 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069468**

1. Entity Name

E E K GREETINGS, INC.

Principal Place of Business

**6320 SW 79TH ST.,#19
MIAMI FL 33143**

Mailing Address

**6320 SW 79TH ST.,#19
MIAMI FL 33143**

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 **APPLIED FOR****65-1097323**

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

**KNORR, ERIN
6320 SW 79TH ST.,#19
MIAMI FL 33143**

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	KNORR, ERIN	
STREET ADDRESS	6320 SW 79TH ST.,#19	
CITY- ST- ZIP	MIAMI FL 33143	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Erin Knorr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erin Knorr

Date

4-24-01

Daytime Phone #

*305-667-1521
305-968-0550*

CR2E034 (1/000)

Internal Revenue Service

Accounts Management Division I
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156

Date: May 1, 2001

Employee Identification: 0716930775

TO:	ERIN KNORR	FAX:	305-661-8480
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	EEK GREETINGS INC	Employer ID #	65-1097323
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

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