

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90067 004 ***150.00

0232337
 AV

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

7320 SW 53rd CT.

Suite, Apt. #, etc.

3. Mailing Address

7320 SW 53rd CT

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami FL

4. FEI Number

65-1097323

Applied For

Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **(Same)**

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

7320 SW 53rd CT

City **miami**

FL

Zip Code

33143

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

TITLE **P** ☐ Delete
 NAME **KNORR, ERIN**
 STREET ADDRESS **6320 SW 79TH ST.,#19**
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

1-16-02 305-968-0550

Date

Daytime Phone #

CR2E034 (9/01)