

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90193 009 ***150.00

DOCUMENT # P99000072539

1. Entity Name

PROMOTION DEPOT, INC.

Principal Place of Business

**6919 W BROWARD BLVD
 303
 FORT LAUDERDALE FL 33317**

Mailing Address

**6919 W BROWARD BLVD
 303
 FORT LAUDERDALE FL 33317**

2. Principal Place of Business

**6919 West Broward Blvd.
 Suite, Apt. #, etc. 303**

3. Mailing Address

Same.

City & State

PLANTATION

City & State

Zip Country

33317- USA Broward

33317

4. FEI Number

65-0945154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWAYECK, ROBERT
 6919 W BROWARD BLVD 303
 FORT LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name **ROBERT HOWAYECK**

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

2400 WEST BROWARD #1235

City **FT. LAUDERDALE**

FL

Zip Code **33312**

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]**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/02

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 **D** ☐ Delete
 NAME **HOWAYECK, ROBERT**
 STREET ADDRESS **4270 NE 7TH AVE. - 6919 WEST BROWARD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **PLANTATION FLA 33317** ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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: **[Signature] ROBERT HOWAYECK 4/24/02 . 954-567-1891**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)