

2001 UNIFORM BUSINESS REPORT (UBR)

5/2/01

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-02-2001 90098 033 ***150.00

DOCUMENT # P99000077571

1. Entity Name

AMERICAN NOVELTIES INC.

(Handwritten: LP)

Principal Place of Business

Mailing Address

2317 S.E. RICH STREET
 PORT ST. LUCIE FL 34984

2317 S.E. RICH STREET
 PORT ST. LUCIE FL 34984

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

☒ 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

JOHNSTON, STEPHEN
2317 S.E. RICH STREET
PORT ST. LUCIE FL 34984

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

(Handwritten Signature: Eileen Gulbankian)

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

(NOTE: Registered Agent signature required when reinstating)

(Handwritten Date: 4/26/01)

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	DP	☐ Delete
NAME	GULBANKIAN, EILEEN	
STREET ADDRESS	2317 SE RICH ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	DVP	☐ Delete
NAME	SYNDER, DONNA	
STREET ADDRESS	108 HANDLER DR	
CITY-ST-ZIP	BURLINGTON NJ 08016	
TITLE	DS	☒ Delete
NAME	JOHNSTON, STEPHEN	
STREET ADDRESS	2317 SE RICH ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	DT	☒ Delete
NAME	WYNO, JEROME	
STREET ADDRESS	471 LAMAR LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(f), 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

(Handwritten Signature: Eileen Gulbankian)

Date

Daytime Phone #

(Handwritten: 4/26/01 508-485 5405)

CR2034 (10/00)