**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 27, 2002 8:00 am Secretary of State P99000090666 DOCUMENT # 1. Entity Name HALLANDALE DISCOUNT GREETING CARDS-GIFTS, INC. 01-27-2002 90011 038 \*\*\*150.00 Principal Place of Business Mailing Address 1454 E HALLANDALE BEACH BLVD 1454 E HALLANDALE BEACH BLVD HALLANDALE FL 33009 HALLANDALE FL 33009 Same Above 2. Principal Place of Business 3. Mailing Address 1454 €. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0961004 Hallandal Beach Not Applicable Zip Zip Country **いろみ** \$8.75 Additional 5. Certificate of Status Desired 33009 33009 usa . Fee Required 6. Name and Address of Current Registered Agent-7. Name and Address of New Registered Agent SAMAI, SEAN S Street Address (P.O. Box Number is Not Acceptable) 3721 S.W. 43RD AVENUE HOLLYWOOD FL 33023 Zip Code FL 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. Sean S. Samai SIGNATURE -(NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition SAMAI, SEAN S NAME NAME 3721 S.W. 43RD AVENUE STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ACKERLEY, MEDWIN L NAME STREET ADDRESS 3721 S.W. 43RD AVENUE STREET ADDRESS HOLLYWOOD FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Signature and Toped Corporation of Disconsider of Disconsideration of D SIGNATURE: \_