

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000004942

FILED  
Jan 22, 2003  
Secretary of State

Entity Name: PARKWAY GIFT SHOP, INC

**Current Principal Place of Business:**

160 NW 170TH STREET  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

7194 NW 80TH WAY  
TAMARAC, FL 33321

**New Mailing Address:**

FEI Number: 65-1061954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLLAK, LILA  
160 NW 170TH STREET  
NORTH MIAMI BEACH, FL 33169

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: POLLAK, LILA  
Address: 160 NW 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: TD ( ) Delete  
Name: POLLAK, ROGER  
Address: 160 NW 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: VD ( ) Delete  
Name: POLLAK, STUART  
Address: 160 NW 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: D ( ) Delete  
Name: BEHRMAN, ROBIN  
Address: 160 NW 170TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILA POLLAK

D

01/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date