

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90040 020 ***158.75

DOCUMENT # 522265

1. Entity Name

PERSONAL GIFTS, INC. OF FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19000 N. E. 5TH AVE.

Suite, Apt. #, etc.

3. Mailing Address

19000 N. E. 5TH AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number

13-2521743

Applied For

Not Applicable

Zip

33179-3990

Country

US

Zip

33179-3990

Country

US

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
REESE, JONATHAN

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

19000 N. E. 5TH AVE.

City
NORTH MIAMI BEACH

FL

Zip Code
33179-3990

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	REESE, JONATHAN	19000 N. E. 5TH AVE.	NORTH MIAMI BEACH, FL. 33179
STD	REESE, MIRIAM	19000 N. E. 5TH AVE.	NORTH MIAMI BEACH, FL. 33179

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)