

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

FILED  
Apr 19, 2007 8:00 am  
Secretary of State

04-19-2007 90026 026 \*\*\*150.00

DOCUMENT #	L04000002241
1. Entity Name	
Gifts for Less of Orlando LLC	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 8249 Vineland Ave Ste 103		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32821	Country	Zip	Country

40069851

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0585256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

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. 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	MGR Mir Mumtaz 9406 Wikham Way Orlando, FL-32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Siddiqui Farrukh 9406 Wikham Way Orlando, FL-32836
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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:

*Mumtaz Mir*  
MUMTAZ MIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/07

Daytime Phone #