

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90228 027 \*\*\*150.00

DOCUMENT # m12804

1. Entity Name  
DEBBIES CARDS & GIFTS INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4202 N. LAKE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

4202 N. LAKE BLVD.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PALM BEACH GARDENS, FL.

City & State

PALM BEACH GARDENS, FL.

4. FEI Number

59-2502508

Applied For

Not Applicable

Zip

33410

Country

PALM BEACH

Zip

33410

Country

PALM BEACH

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ALAN BERMAN

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

4202 N. LAKE BLVD.

City

PALM BEACH GARDENS FL

Zip Code

33410

**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  
PRES  
ALAN BERMAN  
4202 N. LAKE BLVD.  
PALM BEACH GARDEN, FL. 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRES  
DEBORAH BERMAN  
4202 N. LAKE BLVD.  
PALM BEACH GARDENS, A. 33410

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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

ALAN BERMAN, PRES 3/26/03 (61)622-1077

Date

Daytime Phone #

CR2E034B (12/02)