

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Jun 11, 2002 8:00 am  
Secretary of State

06-11-2002 90390 008 \*\*\*150.00

DOCUMENT #

M26579

1. Entity Name

GIFTED CHILD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1721 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address  
1721 MAIN STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WESTON, FL

Zip  
33326

Country  
BROWARD

City & State  
WESTON, FL

Zip  
33326

Country  
BROWARD

4. FEI Number  
59-2635304

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
MEIR ALUMA

Street Address (P.O. Box Number is Not Acceptable)  
1048 POPLAR CIRCLE

City  
WESTON

FL

Zip Code  
33326

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/02

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
MEIR ALUMA  
1048 POPLAR CIRCLE  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 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 #

6/3/02

954389 2775

Attachment  
# 177692 6/3/02

Please accept the enclosed Uniform Business Report. I have always filed this report on time (since 1986). We moved our location and never received the report. Please abate the late penalty.

Thank you very much for your assistance.

Sincerely,

  
Meir Aluma