

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90687 045 \*\*\*158.75

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

DOCUMENT # P00000005151 ✓  
1. Entity Name  
F&H GIFT SHOP CO.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>MAIN GATE FLEA MARKET</u> Suite, Apt. #, etc. <u>BOOTH 84</u> City & State <u>Kissimmee FL</u> Zip <u>34746</u>		3. Mailing Address <u>4995 WARRIOR LANE</u> Suite, Apt. #, etc. City & State <u>Kissimmee FL</u> Zip <u>34746</u>	
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DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3623598</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name <u>FAROUK ALOTAKI</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>4995 WARRIOR LANE</u>	
City <u>Kissimmee</u>	FL Zip Code <u>34746</u>

**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

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 <u>F&amp;H GIFT SHOP</u> <u>FAROUK ALOTAKI</u> <u>4995 WARRIOR LANE 18</u> <u>KISSIMMEE FL 34746</u>	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

04/20/02  
Date

407 787 9783  
Daytime Phone #

CR2E034B (12/01)