

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90020 046 ***150.00

DOCUMENT # P00000051695

1. Entity Name
THE ECLECTIC GIFT, INC.

Principal Place of Business
7025 BERASASA WAY SUITE 206A
BOCA RATON FL 33433

Mailing Address
7025 BERASASA WAY SUITE 206A
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7025 BERASASA WAY
 Suite, Apt. #, etc.
105C

3. Mailing Address
7025 BERASASA WAY#
 Suite, Apt. #, etc.
#105C

City & State
BOCA RATON FL
 Zip
33433 Country
USA

City & State
BOCA RATON FL
 Zip
33433 Country
USA

4. FEI Number
65-1011160

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GREENBERG, ELISSA
20456 SAN RAFAEL COURT
BOCA RATON FL 33498

7. Name and Address of New 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.

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) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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P
PRESIDENT
LISA R. EISENBERG
21521 Halstead DR.
BOCA RATON, FL 33428
VICE PRESIDENT & SECRETARY
ELISSA GREENBERG
20456 SAN RAFAEL CT.
BOCA RATON, FL 33498
VP & S

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elissa Greenberg* **ELISSA GREENBERG** *April 5, 2001* **561.394.5807**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)