

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90003 029 \*\*\*150.00

DOCUMENT # P00000082398

1. Entity Name

IDEAL GIFTS OF WINE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

900 E. ATLANTIC AVE

Suite, Apt. #, etc.

#3

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Address

900 E. ATLANTIC AVE

Suite, Apt. #, etc.

#3

City & State

Delray Beach, FL

Zip

33483

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

651037329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kim-Thanh T. Waters

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

11091 Baybreeze Way

City

Boca Raton

FL

Zip Code

33428

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

*Kim-Thanh T. Waters*

Kim-Thanh T. Waters

4/23/02

Signature typed or printed name of registered agent and date 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 \$81.25

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	DIRECTOR
NAME	JEFFREY O. WATERS
STREET ADDRESS	11091 Baybreeze Way
CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	PRESIDENT
NAME	KIM-THANH T. WATERS
STREET ADDRESS	11091 Baybreeze Way
CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

*Kim-Thanh T. Waters*

Kim-Thanh T. Waters

4/23/02

SK 243-9463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

president

Date

Daytime Phone #

CR2E034B (12/01)