

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90818 024 ***150.00

DOCUMENT # P00000092482

1. Entity Name

GIFTS "R" US, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2350 CORAL WAY

3. Mailing Address

2350 CORAL WAY

Suite, Apt. #, etc.

403

Suite, Apt. #, etc.

403

City & State

MIA FL

City & State

Miami FL

Zip

33145

Country

U.S.A.

Zip

33145

Country

U.S.A.

4. FEI Number

52-2278749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Vittorio Pluchino

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

3700 RIVIERA DR.

City

CORAL GABLES

FL

Zip Code

33134

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

VITTORIO PLUCHINO - President

4/18/03

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 D. Pres.
NAME VITTORIO PLUCHINO
STREET ADDRESS 3700 RIVIERA DR. CORAL GABLES FL 33134
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MARIA LUISA PLUCHINO
STREET ADDRESS 3700 RIVIERA DR.
CITY-ST-ZIP CORAL GABLES FL 33134

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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

Vittorio Pluchino - Pres

4/18/03

Date

Daytime Phone #

CR2E034B (12/02)