

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90288 045 \*\*\*150.00

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**DOCUMENT # P00000094319**

1. Entity Name

**GIFTS FOR YOUR SOUL, INC.**

Principal Place of Business

Mailing Address

1000 PARKVIEW DRIVE #222  
 HALLANDALE FL 33009

1000 PARKVIEW DRIVE #222  
 HALLANDALE FL 33009

C0030360



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 Parkview Drive #222

3. Mailing Address

1000 Parkview Drive #222

Suite, Apt. #, etc.

Apt. # 222

Suite, Apt. #, etc.

Apt. # 222

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

Broward

Zip

33009

Country

Broward

4. FEI Number

65-1073512

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

HAMMOND, DIANA  
 1000 PARKVIEW DRIVE #222  
 HALLANDALE FL 33009

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

TITLE **D** ☒ Delete  
 NAME **HAMMOND, BRETT**  
 STREET ADDRESS **1000 PARKVIEW DRIVE #222**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President + Director** ☐ Change ☒ Addition  
 NAME **Diana Hammond**  
 STREET ADDRESS **1000 Parkview Drive Apt 222**  
 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/01 954-454-6430

CR2E034 (10/00)