

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90297 001 ****75.00
04-25-2001 90297 002 ****75.00

DOCUMENT # P00000095213

1. Entity Name

GIFTS 4 ALL, INC.

Principal Place of Business

Mailing Address

**9044 NW 61ST STREET
TAMARAC FL 33321**

**9044 NW 61ST STREET
TAMARAC FL 33321**

2. Principal Place of Business

3. Mailing Address

P.O. Box 26654

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tamarac, FL

4. FEI Number

05-1051322

Applied For

Not Applicable

Zip

Country

Zip

Country

33320

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUSHOFF, KENNETH
5450 NW 33RD STREET STE 111
FT LAUDERDALE FL 33309**

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 **D** ☐ Delete
NAME **LEJA, CARMELA**
STREET ADDRESS **9044 NW 61ST STREET**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **P/D** ☒ Change ☐ Addition
NAME **LEJA, CARMELA**
STREET ADDRESS **9044 NW 61ST STREET**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **D** ☐ Delete
NAME **TRAYNER, EILEEN**
STREET ADDRESS **9044 NW 61ST STREET**
CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **VP/D** ☒ Change ☐ Addition
NAME **TRAYNER, EILEEN**
STREET ADDRESS **9044 NW 61ST STREET**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Carmela Leja Carmela Leja

4/15/01

954-533-6480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)