## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P00000108008

1. Entity Name

SMALL TREASURES OF ORLANDO, INC.

Principal Place of Business

Mailing Address

6450 INTERNATIONAL DRIVE ORLANDO FL 32819

6450 INTERNATIONAL DRIVE

ORLANDO FL 32819

**FILED** Apr 19, 2001 8:00 am Secretary of State

04-19-2001 90020 042 \*\*\*150.00



2. Principal F 9401	Place of Busin	Colonial DR	3. Mailing Address 1077 Summe	en Lakes DR.			. I KODIKODI KILONIKI ADKIK DOKILONIKI BOKILONIKI ALION KILON BOKILONIKI POKILONIKI BOKILONIKI INDIK INDIK					
Suite, Apt.	*39		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State  OCOFE - FLORIDA			City & State  ORLANDO - FLOI			A	4. FEI Number 59-3685014				pplied For lot Applicable	,
34761 Country USA			32835	Countr	SA ·		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	and Address of Current R			7. Name and Address of New Registered Agent								
>=====================================					Name.	=		والمعتدان المرسيعين	بيديميه			≍ >
6450	BIN, ANA C INTERNAT INDO FL 3			Street Address (P.O. Box Number is Not Acceptable)								
	1			City					FL	Zip Cod	de	
8. The above	named entit	y submits this statement for t	he purpose of changing its	registered	d office or	registere	ed age	ent, or both, in the State of Flo	orida.			
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE: Registered Agent signature required				when rein	nstating)	DATE			ļ
												$\dashv$
Tax filing i		ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of S			50.00	e	10. Election Campaign Fir Trust Fund Contributio			<b>00</b> May Be d to Fees	
11.		OFFICERS AND DIRECTORS 12.					ADD	DITIONS/CHANGES TO OFF	ICERS AND I	DIRECTOR	RS IN 11	7
TITLE	D		☐ Delete	TITLE						Change	☐ Addition	<b>7</b> §
NAME	GAMBIN,	ANA C		NAME					•			9
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CITY-ST-ZIP	ORLANDO	FL 32819		CITY-S	T-ZIP	OCOL	E-	- FLORIBA. 34	1761			
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is. Thereby C	erug that the	s imprimation supplied with th	is tiling does not qualify for t	rne exemp	ption state	ea in Sec	tion 11	19.07(3)(i), Florida Statutes.	rurther certif	y that the i	ntormation	1

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 impowered.

SIGNATURE: AND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR