

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90370 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001152

1. Entity Name
CYPRESS GIFT SHOP INC

Principal Place of Business
6019 BUENA VISTA CT
BOCA RATON FL 33433

Mailing Address
6019 BUENA VISTA CT
BOCA RATON FL 33433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6650 N. Andrews Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

City & State

4. FEI Number
65-1062427

Applied For
Not Applicable

Zip
33309

Country
BROWARD

Zip

Country

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

KHIYANI, SUNIL T
6019 BUENA VISTA CT
BOCA RATON FL 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	SUNIL T. KHIYANI 6019 BUENA VISTA COURT BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/29/02 561-347-0268
Date Daytime Phone #

CR2034 (9/01)