

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91151 016 ***150.00

DOCUMENT # P01000010711

1. Entity Name

UNIVERSEL GIFT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 W Irlo Bronson Mem. Hwy

Suite, Apt. #, etc.

3. Mailing Address

7345 Sand Lake Road

Suite, Apt. #, etc.

#412

DO NOT WRITE IN THIS SPACE

City & State
Kissimmee, Florida

City & State
Orlando, Florida

4. FEI Number
59-3702802

Applied For
Not Applicable

Zip
34746

Country
USA

Zip
32819

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
Iqbal, Mohammad

Street Address (P.O. Box Number is Not Acceptable)
5260 W Irlo Bronson Memorial Hwy.

City
Kissimmee FL 34746

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY- ST- ZIP
**Iqbal, Mohammad
5260 Irlo bronon Memorial Hwy - #105
Kissimmee, FL 34746**

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOHAMMAD IQBAL

Date

Daytime Phone #

CR2E034B (12/01)