


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91524 004 ***150.00

DOCUMENT # P01000010711	
1. Entity Name UNIVERSEL GIFTS, INC	

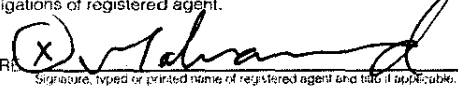
10090447

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5260 W. IRLO BRONSON HWY		3. Mailing Address 7345 SAND LAKE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 412	
City & State KISSIMMEE, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 34746	Country USA	Zip 32819	Country USA


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DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3702802		Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/>		\$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 MEM. HWY			
City KISSIMMEE FL Zip Code 34746			

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE
<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	
<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P IQBAL, MOHAMMAD 5260 IRLO BRONSON MEM. HWY KISSIMMEE, FL. 34746	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.	
<p>SIGNATURE: </p> <p align="center">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>	<p align="right">MOHAMMAD IQBAL 4/24/03 407-396-6439</p> <p align="right">Date: _____ U.S. Filing: _____</p>

CR2E034B (12/02)