

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90109 042 ***150.00

DOCUMENT # P01000025203

1. Entity Name

M & M GIFT SHOP, INC.

Principal Place of Business

**3633 CORTEZ RD W. UNIT B-5
 BRADENTON FL 34210**

Mailing Address

**3633 CORTEZ RD W. UNIT B-5
 BRADENTON FL 34210**

2. Principal Place of Business

4160 53rd Ave. W.

3. Mailing Address

4160 53rd Ave. W.

Suite, Apt. #, etc.

1206

Suite, Apt. #, etc.

1206

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34210

Country

USA

Zip

34210

Country

4. FEI Number

65-1064687

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHAFEK, MEDHAT M

**3633 CORTEZ RD W, UNIT B-5
 BRADENTON FL 34210**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4160 53rd Ave W. -# 1206

City **Bradenton**

FL

Zip Code

34210

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, 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

TITLE ☐ Delete

**P. Medhat M. Shafek
 4160 53rd Ave. W.
 Bradenton, FL 34210**

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 REQUIRED Medhat Shafek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

756-6448

CR2E034 (9/01)