

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000049406

1. Entity Name

GIFTBASKET WORLD, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90215 015 ***550.00

Principal Place of Business

2175 N UNIVERSITY DR
 SUNRISE FL 33322

Mailing Address

2175 N UNIVERSITY DR
 SUNRISE FL 33322

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3800 GALT OCEAN DRIVE

Suite, Apt. #, etc.

APT. # 1408

City & State

FT. LAUDERDALE, FL

Zip

33308

Country

U.S.A.

4. FEI Number

65-1105888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRATHAM, KIRK ESQ
 1860 WEST HILL BLVD SUITE 105
 WEST PALM BEACH FL 33406-6086

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D
 NAME VINSON, NATALIE
 STREET ADDRESS 3800 GALT OCEAN DR #1408
 CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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: NATALIE VINSON/PRESIDENT 8/15/02 (954) 747-5350

CR2E034 (4/02)