

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90240 048 \*\*\*150.00

DOCUMENT # **PO1000056193**  
1. Entity Name  
**Gifts & Nicks, Corp**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3200 NE 14th ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**3200 NE 14th ST**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pompano Bch, FL**

City & State  
**Pompano Bch, FL**

Zip  
**33062**

Country  
**U.S.A.**

Zip  
**33062**

Country  
**U.S.A.**

4. FEI Number  
**65-1111249**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Donald Goldrich**

Street Address (P.O. Box Number is Not Acceptable)  
**3200 NE 14th ST**

City  
**Pompano Bch** **FL** Zip Code  
**33062**

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 Biz**

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	<b>Director Jeff Patnik 3200 NE 14th ST Pompano Bch, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Andrea Patnik 3200 NE 14th ST Pompano Bch, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director Ben Miednik 3200 NE 14th ST Pompano Bch, FL 33062</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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)(b), 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: **Andrea M Patnik**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02 954-345-0429**  
Date Daytime Phone #

CR2E034B (12/01)