# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2002 8:00 am**
**Secretary of State**
05-22-2002 90240 049 ***150.00

DOCUMENT # P01000057065

1. Entity Name
Reef and Gifts Corp.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3200 NE 14th St | 3200 NE 14th St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Pompano Bch, FL | City & State: Pompano Bch, FL |
| Zip: 33062 Country: USA | Zip: 33062 Country: U.S.A |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 1111253 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | Director<br>Ben Miednik<br>3200 NE 14th St<br>Pompano Bch, FL 33062 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Jeff Patnik<br>3200 NE 14th St<br>Pompano Bch, FL 33062 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Andrea Patnik<br>3200 NE 14th St<br>Pompano Bch, FL 33062 |
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CR2E034B (12/01)

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, title and signature like empowered.

SIGNATURE: Andrea M Patnik 4-29-02 954-345-0429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #