

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90192 003 ***150.00

0402594 AV

DOCUMENT # P01000080376

1. Entity Name
U NEED GIFTS, INC.



Principal Place of Business
**101 SE 7TH STREET
BAY 25
DEERFIELD BEACH FL 33441**

Mailing Address
**1200 N. FEDERAL HIGHWAY
STE 305
BOCA RATON FL 33432**

2. Principal Place of Business

730 S DEERFIELD AVE

3. Mailing Address

730 S DEERFIELD AVE

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

DEERFIELD BEACH

City & State

DEERFIELD BEACH

33441

Country

BROWARD

Zip

33441

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **51-6041053**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIKLOS, DOUGLAS J
4923 PELICAN MANOR
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name **Dott**

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

Douglas J Miklos

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PST MIKLOS, DOUGLAS J**
STREET ADDRESS **730 S DEERFIELD AVE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **AUE BAY-6**
STREET ADDRESS **FLA 33441**
CITY-ST-ZIP

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas J Miklos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)