FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90095 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

70052078

DOCUMENT # P01000087165

1. Entity Name
FRUITS & GIFTS, INC.

Principal Place of Business
676 NW 34TH ST
MIAMI, FL 33127

Mailing Address
676 NW 34TH ST
MIAMI, FL 33127

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 3216 STIRLING RD.
Suite, Apt. #, etc.
City & State: Hollywood Fl
Zip: 33021 Country: BROWARD

3. Mailing Address: 3216 STIRLING RD
Suite, Apt. #, etc.
City & State: Hollywood, FL
Zip: 33021 Country: BROWARD

4. FEI Number: 01-0722130 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SALAZAR, AUGUSTO X
676 NW 34TH ST
MIAMI, FL 33127

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable): 3216 STIRLING RD.
City: HOLLYWOOD FL Zip Code: 33021

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] 4/20/03
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 Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NO ☐ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	SALAZAR, AUGUSTO X	NAME	
STREET ADDRESS	676 NW 34TH ST	STREET ADDRESS	3216 STIRLING RD.
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP	HOLLYWOOD Fl. 33021
TITLE	☐ Delete	TITLE	SECRETARY ☐ Change ☑ Addition
NAME		NAME	ROSARITO SALAZAR
STREET ADDRESS		STREET ADDRESS	3216 STIRLING RD.
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD Fl. 33021
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: [signature] 4/20/03.
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #