

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91870 001 ***150.00

DOCUMENT # P01000095419

1. Entity Name
CYBERGIFTCENTER.COM, INC.



Principal Place of Business
16406 NW 54TH AVE
MIAMI FL 33014

Mailing Address
16406 NW 54TH AVE
MIAMI FL 33014

2. Principal Place of Business

2457 W. 80th ST.

3. Mailing Address

2457 W. 80th ST.

Suite, Apt. #, etc.

SUITE # 5

Suite, Apt. #, etc.

SUITE # 5

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33016

Country

USA

Zip

33016

Country

USA.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1142324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOOSA, WAZIRALI
16406 NW 54TH AVE
MIAMI FL 33014

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

4-26-03

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 NAME ☐ Delete
P MOOSA, WAZIRALI
STREET ADDRESS 16406 NW 54TH AVENUE
CITY-ST-ZIP MIAMI FL 33014

TITLE NAME ☐ Delete
V MOOSA, ASIF
STREET ADDRESS 16406 NW 54TH AVENUE
CITY-ST-ZIP MIAMI FL 33014

TITLE NAME ☐ Delete
S MOOSA, ASHIQALI
STREET ADDRESS 16406 NW 54TH AVENUE
CITY-ST-ZIP MIAMI FL 33014

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☒ Change ☐ Addition
P MOOSA, WAZIRALI
STREET ADDRESS 2457 W. 80th ST. Suite # 5
CITY-ST-ZIP Hialeah, FL 33016

TITLE NAME ☒ Change ☐ Addition
V MOOSA, ASIF
STREET ADDRESS 2457 W. 80th ST. # 5
CITY-ST-ZIP Hialeah, FL 33016

TITLE NAME ☒ Change ☐ Addition
V MOOSA, ASHIQALI
STREET ADDRESS 2457 W. 80th ST. # 5
CITY-ST-ZIP Hialeah, FL 33016

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAZIRALI MOOSA 4-26-03

Date

Daytime Phone #

305-264-0098

CR2E034 (10/02)