

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90123 036 ***150.00

0041612 AV

DOCUMENT # P01000120654

1. Entity Name
GIVE-IT-TO-ME, INC.



Principal Place of Business
**3006 AVIATION AVE., #4B
COCONUT GROVE FL 33133**

Mailing Address
**3006 AVIATION AVE., #4B
COCONUT GROVE FL 33133**



2. Principal Place of Business

3. Mailing Address

3006 AVIATION AVE #4B
#4B

3006 AVIATION AVE #4B
#4B

City & State
Coconut Grove, FL

City & State
Coconut Grove FL

Zip
33133

Country
USA

Zip
33133

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4488817**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REISMAN, JEROME S
3006 AVIATION AVE
SUITE 4B
COCONUT GROVE FL 33133

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

8/04/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
REISMAN, STUART R
3006 AVIATION AVE., #4B
COCONUT GROVE FL 33133

☐ Delete

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

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☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/04/03 (305) 687-0000
Date Daytime Phone # **X 305**

CR2E034 (4/03)

Attachment
LAW OFFICES
JEROME S. REISMAN
A PROFESSIONAL ASSOCIATION
3006 AVIATION AVENUE
SUITE 4B
COCONUT GROVE, FLORIDA 33133

JEROME S. REISMAN, ESQ.
MERCEDES A. ORTEGA
PARALEGAL

TELEPHONE
(305) 856-1856
FAX
(305) 856-6988
E-MAIL
jeremyreisman@aol.com

August 4, 2003

801316959
P01000120654

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Give-It-To-Me, Inc.
FEI #36-4488817
Document #P01000120654

Dear Sirs:

Please be advised that the above referenced corporation did not receive prior notice. In reviewing your current notice we found that the principal address of the corporation is incorrect. I have made the necessary corrections on your form. Therefore, we are requesting that the additional filing fee of \$400.00 be waived.

I have enclosed Check #1582 in the amount of \$150.00 to cover costs of the annual dues.

Your attention to this matter is appreciated.

Sincerely,


JEROME S. REISMAN

JSR:vio
Encls.