

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 009 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P02000001335*

1. Entity Name

SMART GIFT INC.

DO NOT WRITE IN THIS SPACE

90134642

2. Principal Place of Business

2040 NE 163rd Street

Suite, Apt. #, etc.

310

3. Mailing Address

2040 NE 163rd Street

Suite, Apt. #, etc.

310

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

4. FEI Number

03-0382950

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33162

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MREJEN ARIE P.A.

Street Address (P.O. Box Number is Not Acceptable)

701 W Cypress Creek Rd

Suite 302

City

Fort Lauderdale

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent Signature required when changing)

DATE

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 *President*
NAME *Yael I Fergan*
STREET ADDRESS *2040 NE 163 Street # 310*
CITY-ST-ZIP *N. Miami Beach, FL 33162*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 667, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-08-03

DATE

Daytime Phone #

CR2E034B (12/01)

Attachment
90134642
SMART GIFT INC. P02000001335

2040 NE 163rd Street. North Miami Beach, FL 33162
Tel. 305.940.3700 Fax 305.940.1007 ronen@smartgift.com

Thursday, May 08, 2003

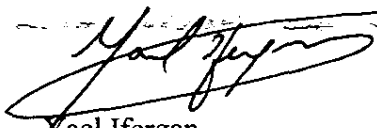
Division of Corporation
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report (UBR) – Smart Gift Inc.

Enclosed with this letter is the UBR for the coming year.
Due the fact that this is our first year of operation, and due to our internal confusion with our registered agent, we are filing the report 6 days past the due date.

We'd like you to waive the late fee charge. We'll make sure that late filing won't happened again

Sincerely



Yael Ifergan
President