

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

03-21-2003 90115 033 ***150.00

DOCUMENT # P02000007797

1. Entity Name
ALL OCCASIONS GIFT BASKETS, INC.



Principal Place of Business
**14721 S.W. 87TH PLACE
MIAMI FL 33176**

Mailing Address
**14721 S.W. 87TH PLACE
MIAMI FL 33176**



2. Principal Place of Business
**555 NE 15th
Suite, Apt. #, etc.
29-A**

3. Mailing Address
**555 NE 15th
Suite, Apt. #, etc.
29-A**

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33132 Country
USA

City & State
Miami FL
Zip
33132 Country
USA

4. FEI Number
01-0629710

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CENTAURE, SHEILA A
14721 S.W. 87TH PLACE
MIAMI FL 33176**

**555 NE 15th #29A
Miami FL 33132**

7. Name and Address of New Registered Agent

Name **Sheila**
Street Address (P.O. Box Number is Not Acceptable)
555 NE 15th #29A
City **Miami** FL Zip Code **33132**

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)

3/19/13
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 **P** ☐ Delete
NAME **CENTAURE, SHEILA A**
STREET ADDRESS **14721 S.W. 87TH PLACE**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D** ☐ Delete
NAME **CENTAURE, IRENE**
STREET ADDRESS **15781 S.W. 88TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33157**

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

☒ Change ☐ Addition
NAME **555 NE 15th #29A**
STREET ADDRESS
CITY-ST-ZIP **Miami FL 33132**

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

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

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☐ Change ☐ Addition
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/13** Daytime Phone # **786 229 7947**

CR2E034 (10/02)