

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90245 008 ***150.00

DOCUMENT # P02000066567



1. Entity Name
WHAT A GIFT, INC.

Principal Place of Business
425 SW 17 AVE
MIAMI FL 33135

Mailing Address
425 SW 17 AVE
MIAMI FL 33135

2. Principal Place of Business
5745 N. University Dr.

3. Mailing Address
5745 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tamarac FL

City & State
Tamarac FL

4. FEI Number
03-0459524

Applied For
Not Applicable

Zip
33321

Country
US

Zip
33321

Country
US

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

MOLINA, JUAN G
425 SW 17 AVE
MIAMI FL 33135

Name
Juan G. Molina

Street Address (P.O. Box Number is Not Acceptable)
5745 N. University Dr.

City **Tamarac** **FL** **Zip Code** **33321**

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 obligation of registered agent.

SIGNATURE *Juan G. Molina*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-03

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ **Delete**
NAME **MOLINA, JUAN G**
STREET ADDRESS **7751 SOUTHAMPTON TERRACE APT H 413**
CITY-ST-ZIP **TAMARAC FL 33321**

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

TITLE **VD** ☐ **Delete**
NAME **LAMAGNA, RENE**
STREET ADDRESS **5380 NW 122ND DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE **SD** ☐ **Delete**
NAME **OLSOWSKY, ROBERT D**
STREET ADDRESS **5380 NW 122ND DRIVE**
CITY-ST-ZIP **CORAL SPRINGS FL 33076**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **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: *Juan G. Molina*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan G. Molina 4-22-03 954-722-4810

Date

Daytime Phone #

CR2E034 (10/02)