

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90973 004 ***150.00

DOCUMENT # P02000108995

1. Entity Name
BELLISSIMO GIFTS INC.



Principal Place of Business
P O BOX 430420
MIAMI FL 33243-0420

Mailing Address
P O BOX 430420
MIAMI FL 33243-0420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0751192

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

GURVICH, GERALDINE A
12325 PINE NEEDLE LANE
MIAMI FL 33156

Name **Nathalie S Gurvich**

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

12325 Pine Needle Lane

Miami, FL 33156

City

FL

Zip Code

ERROR
17

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GURVICH, GERALDINE**
STREET ADDRESS **12325 PINE NEEDLE LANE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **Vice President (V)** ☐ Change ☒ Addition
NAME **Nathalie Gurvich**
STREET ADDRESS **12325 Pine Needle Lane**
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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

Geraldine Gurvich

Date

4/24/03

Daytime Phone #

305-666-7763

CR2E034 (10/02)