

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005121

1. Entity Name

L & R'S GIFT DISCOUNTS INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90011 004 ***150.00

Principal Place of Business

1705 KIRK RD
WEST PALM BEACH FL 33406

Mailing Address

1705 KIRK RD
WEST PALM BEACH FL 33406
US

2. Principal Place of Business

1705 KIRK RD.

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

3. Mailing Address

1705 KIRK RD.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

Zip

FL 33406

Country

W.P.B.

Zip

33406

Country

W.P.B.

6. Name and Address of Current Registered Agent

SELLITI, THOMAS
2169 E CARROL CIRCLE
WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name

MICHAEL SELLITI

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

4385 NAOMI DR.

City

LAKE WORTH

FL

Zip Code

33463

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 MICHAEL SELLITI

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

(NOTE: Registered Agent signature required when reinstating)

4/28/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 P
NAME SELLITI, THOMAS
STREET ADDRESS 2169 E CARROL CIR
CITY-ST-ZIP WEST PALM BEACH FL 33415 ☒ Delete

TITLE T
NAME SELLITI, THOMAS
STREET ADDRESS 2169 E. CARROL CIR.
CITY-ST-ZIP WEST PALM BEACH FL ☒ Delete

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MICHAEL SELLITI ☒ Change ☐ Addition
STREET ADDRESS 4385 NAOMI DR.
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE T
NAME MICHAEL SELLITI ☒ Change ☐ Addition
STREET ADDRESS 4385 NAOMI DR.
CITY-ST-ZIP LAKE WORTH FL 33463

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SELLITI

Date

(561) 9660630

Daytime Phone #

CR2E034 (10/00)