

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90578 001 \*\*\*150.00  
 05-14-2002 90578 002 \*\*\*\*\*8.75

**DOCUMENT # P92000005121**

**1. Entity Name**  
**L & R'S GIFT DISCOUNTS INC.**

**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.

**3. Mailing Address**  
**1705 KIRK Rd.**  
 Suite, Apt. #, etc.

**City & State**  
**WEST PALM BEACH FL**  
**Zip** **33406**  
**Country**

**City & State**  
**WEST PALM BEACH FL**  
**Zip** **33406**  
**Country**

**4. FEI Number** **65-0368924**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SELLITI, MICHAEL**  
**4385 NAOMI DR**  
**LAKE WORTH FL 33463**  
 4208 N LANDAR DR.  
 L.W. Fla. 33463

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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** 

(NOTE: Registered Agent signature required when reinstating)

**4/28/02**  
**DATE**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SELLITI, MICHAEL	4385 NAOMI DR	LAKE WORTH FL 33463	<input type="checkbox"/>
T	SELLITI, MICHAEL	4385 NAOMI DR	LAKE WORTH FL 33463	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SELLITI MICHAEL	4208 N. LANDAR DR.	LAKE WORTH FL. 33463	<input type="checkbox"/>	<input type="checkbox"/>
T	SELLITI MICHAEL	4208 N. LANDAR DR.	LAKE WORTH FL. 33463	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02**  
 Date Daytime Phone #

CR2E034 (9/01)