

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001293

1. Entity Name

US GIFT AND FLORAL COMPANY, INC.

FILED

May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90095 031 \*\*\*150.00

Principal Place of Business

Mailing Address

4700 HIATUS RD  
STE 255  
SUNRISE FL 33351  
US

4700 HIATUS RD  
STE 255  
SUNRISE FL 33311-3934  
US

2. Principal Place of Business

2101 Andrews Ave.

3. Mailing Address

2101 Andrews Ave.

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

Broward

Zip

33311

Country

Broward

4. FEI Number

65-0462015

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

HOROWITZ, STEVEN J  
4700 HIATUS RD  
STE 255  
SUNRISE FL 33351

Name

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

2101 N. Andrews Ave., Suite 104

City

Ft. Lauderdale

FL

Zip Code

33311

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

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

Steven Horowitz

(NOTE: Registered Agent signature required when reinstating)

5/1/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME HOROWITZ, STEVEN J  
STREET ADDRESS 4715 NW 99 LANE  
CITY-ST-ZIP CORAL SPRINGS FL

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

TITLE D ☐ Delete  
NAME SHAMES, CARY B  
STREET ADDRESS 35 GOLDEN EAGLE LN  
CITY-ST-ZIP LITTLETON CO 80127

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  
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  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

Date

305-648-6412

Daytime Phone #