

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000001293

1. Entity Name

US GIFT AND FLORAL COMPANY, INC.

FILED

May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90095 001 \*\*\*300.00

Principal Place of Business

2101 ANDREWS AVE  
STE 104  
FORT LAUDERDALE FL 33311  
US

Mailing Address

2101 ANDREWS AVE  
STE 104  
FORT LAUDERDALE FL 33311  
US

2. Principal Place of Business

4715 NW 99 LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 140272

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

CORAL GABLES, FL

Zip

33076

Country

USA

Zip

33114

Country

USA

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

2101 N. ANDREWS AVE STE 104

FORT LAUDERDALE FL 33311

Name

HOROWITZ, STEVEN J.

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

4715 NW 99 LANE

City

CORAL SPRINGS

FL

Zip Code

33076

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

*Steven J. Horowitz*

Steven J. Horowitz

4/29/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

*Steven J. Horowitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/01

Date

954-345-7921

Daytime Phone #

CR2E034 (10/00)