

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000055872

1. Entity Name

LYNN SAFILIAN HOME ACCESSORIES AND GIFTS, INC.

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90019 044 \*\*\*150.00

Principal Place of Business  
4310 W HILLSBORO BLVD  
COCONUT CREEK FL 33073  
US

Mailing Address  
4310 W HILLSBORO BLVD  
COCONUT CREEK FL 33073  
US

C0006757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 97-0403  
Suite, Apt. #, etc.

City & State  
Coconut Creek, FL

4. FEI Number 65-0604247  
Applied For  
Not Applicable

Zip Country  
33097-0403 USA

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

6. Name and Address of Current Registered Agent  
SAFILIAN, JAMES H.  
7220 MANDARIN DR  
~~SUITE 227~~  
BOCA RATON FL 33433

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 JAMES H. SAFILIAN, PRES. 1-9-01  
(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. ☐  
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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFILIAN, JAMES H.		NAME		
STREET ADDRESS	7220 MANDARIN DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP		
TITLE	VTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAFILIAN, LYNN		NAME		
STREET ADDRESS	7220 MANDARIN DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: JAMES H. SAFILIAN PRES. 1-9-01 (954) 428-6848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0596718

CR2E034 (10/00)