

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000079483**

1. Entity Name

MEAJER GIFTS INC.

R

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90007 041 ***158.75

A0068682

DO NOT WRITE IN THIS SPACE

Principal Place of Business
5108 W. HANNA AVE
TAMPA, FL 33634
US

Mailing Address
5108 W. HANNA AVE
TAMPA, FL 33634
US

2. Principal Place of Business
5108 W. HANNA AVE
Suite, Apt. #, etc.

3. Mailing Address
5108 W. HANNA AVE
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3340186

Applied For
Not Applicable

Zip
33634

Country
U.S.

Zip
33634

Country
U.S.

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, MICHAEL E
5108 W. HANNA AVE
TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name **RODRIGUEZ MICHAEL E**
Street Address (P.O. Box Number is Not Acceptable)
5108 W. HANNA AVE
City **TAMPA** **FL** Zip Code **33634**

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]

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, 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

TITLE PSD	<input type="checkbox"/> Delete
NAME RODRIGUEZ, MICHAEL E	
STREET ADDRESS 1556 PATRICIA AVE.	
CITY-ST-ZIP DUNEDIN FL 34698	
TITLE VTD	<input type="checkbox"/> Delete
NAME RODRIGUEZ, JOSEPH E	
STREET ADDRESS 17122 LONGACRES LANE	
CITY-ST-ZIP ODESSA FL 33556	
TITLE V	<input type="checkbox"/> Delete
NAME GRAPER, GREG	
STREET ADDRESS 4440 SW 215TH LANE	
CITY-ST-ZIP MIAMI FL 33189-3731	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RODRIGUEZ MICHAEL E	
STREET ADDRESS 1556 PATRICIA AVE	
CITY-ST-ZIP DUNEDIN, FL 334698	
TITLE VTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RODRIGUEZ JOSEPH E	
STREET ADDRESS 17122 LONGACRES LANE	
CITY-ST-ZIP ODESSA, FL 33556	
TITLE V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRAPER GREG	
STREET ADDRESS 4440 SW 215TH LANE	
CITY-ST-ZIP MIAMI FL 33189-3731	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)