

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

0229822 AV

04-28-2003 91305 044 \*\*\*150.00

**DOCUMENT # P95000081852**

1. Entity Name  
**SCRIVENER'S FINE PENS AND GIFTS, INC.**



Principal Place of Business  
**54 MIRACLE MILE  
CORAL GABLES FL 33134**

Mailing Address  
**54 MIRACLE MILE  
CORAL GABLES FL 33134**

**11024305**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0615007</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>RICHARD, MARK</b> <b>304 PALERMO AVE</b> <b>CORAL GABLES FL 33134</b>			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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAROCAS, MARK			NAME			
STREET ADDRESS	54 MIRACLE MILE			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAROCAS, LOVIS			NAME			
STREET ADDRESS	54 MIRACLE MILE			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GACH, DEBORAH			NAME			
STREET ADDRESS	54 MIRACLE MILE			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			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			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

**SIGNATURE:** *Deborah Gach* **Deborah Gach** **4/25/03** **305 445-1003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)