

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **996000084757**

1. Entity Name

SABRINA'S GIFTS, INC

FILED
Sep 18, 2000 8:00 am
Secretary of State

07-24-2000 90007 001 ***158.75
09-18-2000 90006 044 ***391.25

Principal Place of Business

Mailing Address

2116 KELSEY LANE
TAMPA, FL 33619
US

2116 KELSEY LANE
TAMPA, FL 33619
US

2. Principal Place of Business

2116 KELSEY LANE

3. Mailing Address

2116 KELSEY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3406587

Applied For

Not Applicable

Zip

33619

Country

U.S.

Zip

33619

Country

U.S.

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

RODRIGUEZ, MICHAEL E.
2116 KELSEY LANE
TAMPA, FL 33619

Name

RODRIGUEZ, MICHAEL

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

2116 KELSEY LANE

City

TAMPA

FL

Zip Code

33619

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
NAME **RODRIGUEZ, MICHAEL E.**
STREET ADDRESS **1556 PATRICIA AVE**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **PSD** ☒ Change ☒ Addition
NAME **RODRIGUEZ, MICHAEL E.**
STREET ADDRESS **1556 PATRICIA AVENUE**
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE **VTD** ☐ Delete
NAME **RODRIGUEZ, JOSEPH E**
STREET ADDRESS **17122 LONGACRE LN**
CITY-ST-ZIP **ODDESSA, FL 33556**

TITLE **VTD** ☒ Change ☒ Addition
NAME **RODRIGUEZ, JOSEPH E.**
STREET ADDRESS **17122 LONGACRE LN**
CITY-ST-ZIP **ODDESSA, FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Michael E. Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E03479/997