

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**  
 04-11-2001 90063 038 \*\*\*150.00

**DOCUMENT # P96000084757**

1. Entity Name  
**SABRINA'S GIFTS INC.**

Principal Place of Business

216 KELSEY LN  
 TAMPA FL 33619  
 US

Mailing Address

216 KELSEY LN  
 TAMPA FL 33619  
 US

2. Principal Place of Business

20505 US HWY 19 N  
 Suite, Apt. #, etc.  
 Suite 162

3. Mailing Address

20505 US HWY 19 N  
 Suite, Apt. #, etc.  
 Suite 162

City & State  
 Clearwater, FLORIDA

Zip  
 33764 Country  
 USA

City & State  
 Clearwater, Florida

Zip  
 33764 Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3406587**

Applied For  
 Not Applicable

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 Michael E. Rodriguez  
 Street Address (P.O. Box Number is Not Acceptable)  
 20505 US HWY 19 NORTH  
 Suite 162  
 City Clearwater FL Zip Code 33764

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 Michael E. Rodriguez 04/02/01  
 Signature, typed or printed name of registered agent and fee 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

TITLE VD ☐ Delete  
 NAME RODRIGUEZ, MICHAEL  
 STREET ADDRESS 1556 PATRICIA AVE  
 CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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: Michael E. Rodriguez 04/02/01 (727) 725-5299  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0350061

CR2E034 (10/00)