

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007380

1. Entity Name

ORIGINAL PERSONALIZED GIFTS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90450 045 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 840009
 HOLLYWOOD FL 33084

P.O. BOX 840009
 HOLLYWOOD FL 33084-2009

2. Principal Place of Business

3. Mailing Address

21079 Escondido Way

21079 Escondido Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Boca Raton FL

City & State
 Boca Raton FL

4. FEI Number

65-0807886

Applied For

Not Applicable

Zip
 33433

Country

Zip
 33433

Country

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

BERNSTEIN, MARK CPA
 5001 S. UNIVERSITY DRIVE
 #A
 DAVIE FL 33328

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

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	D	<input type="checkbox"/> Delete
NAME	LEEFAR, MARCY	
STREET ADDRESS	21079 Escondido Way	
CITY-ST-ZIP	21079 Escondido Way Boca Raton FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEEFAR, ANDREW	
STREET ADDRESS	21079 Escondido Way	
CITY-ST-ZIP	21079 Escondido Way Boca Raton FL 33433	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21079 Escondido Way	
CITY-ST-ZIP	Boca Raton FL 33433	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	21079 Escondido Way	
CITY-ST-ZIP	Boca Raton FL 33433	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 4-21-00 ✓ 561 477 5511

CR2E034 (9/99)