

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000087467**

1. Entity Name
A & A GIFTS INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90007 024 ***150.00

Principal Place of Business
3831 West Vine St #66
Kissimmee FL 34741

Mailing Address
3831 West Vine St #66
Kissimmee FL 34741

2. Principal Place of Business **3831 West Vine Street**

3. Mailing Address **3831 West Vine St**

Suite, Apt. #, etc. **66**

Suite, Apt. #, etc. **66**

City & State **Kissimmee FL**

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Zip **34741** Country **USA**

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4. FEI Number **59-3536216**

Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KHURSHID H. SHAHID
3831 West Vine St #66
Kissimmee FL 34741

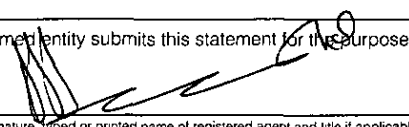
7. Name and Address of New Registered Agent

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  **KHURSHID H. SHAHID** **5-12-00**

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 DIRECTOR	<input type="checkbox"/> Delete
NAME KHURSHID H. SHAHID	
STREET ADDRESS 3831 West Vine St #66	
CITY-ST-ZIP Kissimmee FL 34741	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:  **5-12-00** **407-933-4140**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)