2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

FILED DOCUMENT # P99000015683 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name GIFT BASKET BONANZA, INC. 04-06-2000 90004 019 ***158.75 Principal Place of Business Mailing Address 1114 N. 17 AVE. #1 1114 N. 17 AVE. #1 HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-3602 2. Principal Place of Business 3. Mailing Address i∏⁴⁶ 1114 N 17th 1114 1 HVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE *1 # (4. FEI Number 65-0952154 City & State City & State Applied For Hollywoos FLA Hollywood Not Applicable Country 2ip Ziρ \$8.75 Additional X 33020 5. Certificate of Status Desired 33<u>020</u> USA USR Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNROE, LAWRENCE S Street Address (P.O. Box Number is Not Acceptable) 1114 N. 17 AVE, #1 HOLLYWOOD FL 33020 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VP, 5, 0 Addition **DPVS** TITLE TITLE Delete MUNROE BARBARA NAME NAME MUNROE, LAWRENCE S 1114 N 17th AVA STREET ADDRESS STREET ADDRESS 1114 N. 17 AVE, #1 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33020 HOLLYWOOD FL 33020 **✓** Addition Change ☐ Defete TITLE TITLE PUDESTA , CHARLES 1250 ARTHUR ST NAME MUNROE, LAWRENCE S STREET ADDRESS STREET ADDRESS 1114 N. 17 AVE, #1 CITY-ST-ZIP CITY-ST-ZIP Hollywood, FLA: 33020 HOLLYWOOD FL 33020 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 7171 F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 of 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

all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 AWRENCE