

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2000 8:00 am**
Secretary of State

05-10-2000 90140 002 ***150.00

DOCUMENT # P990000 44193**1. Entity Name**

A+G GIFT SHOP, INC.

Principal Place of Business3155 S. John Young Pkwy
Orlando, FL 32805**Mailing Address**4590 Middlebrook Road
Apt. 0
Orlando, FL 32811**2. Principal Place of Business**3155 S. John Young Pkwy
Suite, Apt. #, etc.**3. Mailing Address**4590 Middlebrook Road
Suite, Apt. #, etc.
Apt. 0**City & State**

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3624915

Applied For

Not Applicable

Zip**Country**

32805

Zip**Country**

32811

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

DO NOT WRITE IN THIS SPACE

B0090026**6. Name and Address of Current Registered Agent**Anwar Mohamed
4590 Middlebrook Road, Apt. 0
Orlando, FL 32811**7. Name and Address of New Registered Agent**Name: Anwar Mohamed
Street Address (P.O. Box Number is Not Acceptable):
4590 Middlebrook
Apt. 0
City: Orlando FL Zip Code: 32811

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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****OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P ANWAR MOHAMED 4590 Middlebrook Road Orlando, FL 32811 <input type="checkbox"/> Delete	P ANWAR MOHAMED 4590 Middlebrook Road Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST ZIP	ADDRESS ST ZIP
ADDRESS ST ZIP	ADDRESS ST ZIP
ADDRESS ST ZIP	ADDRESS ST ZIP
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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 #

CR2E034 (9/99)