

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90702 043 \*\*\*150.00

**DOCUMENT #** P99000052890

**1. Entity Name**

AIRPORT GIFT, INC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

777 NW 72 AVE

**3. Mailing Address**

P.O. BOX 520687

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1BB8

**City & State**

**City & State**

MIAMI, FL

MIAMI, FL

**Zip**

33126

**Country**

MIAMI-DADE

**Zip**

33152

**Country**

MIAMI-DADE

**4. FEI Number**

65-0936686

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**

MOISES T GRAYSON, ESO

**Street Address (P.O. Box Number is Not Acceptable)**

25 SE 2ND AVE - SUITE 730

**City**

MIAMI

FL

**Zip Code**

33131

**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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
DIRECTOR  
SALOMON TERNER  
777 NW 72 AVE - SUITE 1BB8  
MIAMI, FL 33126

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

305-266-9000

Daytime Phone #

CR2E034B (12/01)