

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067745

1. Entity Name

GIFTS + BITS, INC.

Principal Place of Business

7470 W. Irlo Bronson
Memorial Highway
Kissimmee, FL 34747

Mailing Address

7470 W. Irlo Bronson
Memorial Highway
Kissimmee, FL 34747

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL + UTRERA, P.A.
343 Almeria Avenue
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

6/13/00 90053043 \$150.00

4. FEI Number

59-3592629

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Hussein M Abukhdeir

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

7470 W. Irlo Bronson Memorial Highway

City

Kissimmee

FL

Zip Code

34747

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

X H. ABUKHDEIR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/2000

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	PSD	<input type="checkbox"/> Delete
NAME	Hussein M. Abukhdeir	
STREET ADDRESS	7470 W. Irlo Bronson Memorial Highway	
CITY-ST-ZIP	Kissimmee, FL 34747	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	Abdul M. Abukhdeir	
STREET ADDRESS	7470 W. Irlo Bronson Memorial Highway	
CITY-ST-ZIP	Kissimmee, FL 34747	
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	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faideh Abed	
STREET ADDRESS	7470 W. Irlo Bronson Memorial Highway	
CITY-ST-ZIP	Kissimmee, FL 34747	
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:

X H. ABUKHDEIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

Date

407-397-4009

Daytime Phone #

CR2E034 (9/99)

KE