

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000075427**

1. Entity Name

ILUSIONES GIFT SHOP, INC.

Principal Place of Business

**6862 W. FLAGLER ST.
MIAMI-FL 33144**

Mailing Address

**6862 W. FLAGLER ST.
MIAMI-FL 33144**

2. Principal Place of Business

29960 S.W. 158 PL.

Suite, Apt. #, etc.

3. Mailing Address

29960 S.W. 158 PL.

Suite, Apt. #, etc.

City & State

HOMESTEAD - FL

City & State

HOMESTEAD - FL

Zip

33033

Country

U.S.A.

Zip

33033

Country

U.S.A.

4. FEI Number

65-0943029

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

**MATELDE ROBAINA
6862 W. FLAGLER ST.
MIAMI-FL 33144**

7. Name and Address of New Registered Agent

Name **MATELDE ROBAINA**
Street Address (P.O. Box Number is Not Acceptable)
29960 S.W. 158 PL.
City **HOMESTEAD** FL Zip Code **33033**

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

Mateilde Robaina

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

MATELDE ROBAINA

(NOTE: Registered Agent signature required when reinstating)

4-27-00

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	D/P/S	<input type="checkbox"/> Delete
NAME	ROBAINA, MATELDE	
STREET ADDRESS	6862 W. FLAGLER ST.	
CITY-ST-ZIP	MIAMI-FL 33144	
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	D/P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAINA, MATELDE	
STREET ADDRESS	29960 S.W. 158 PL.	
CITY-ST-ZIP	HOMESTEAD-FL 33033	
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:

Mateilde Robaina **MATELDE ROBAINA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

Daytime Phone #