

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 09, 2000 8:00 am
Secretary of State

05-09-2000 90086 032 ***150.00

DOCUMENT # P99000091276

1. Entity Name

CHOCOLATE GIFTS, INC.

Principal Place of Business

6420 S.W. 138TH COURT
 SUITE #108
 MIAMI FL 33183

Mailing Address

6420 S.W. 138TH COURT
 SUITE #108
 MIAMI FL 33183-2259

2. Principal Place of Business

21922 SW 126TH AVE
 Suite, Apt. #, etc.

3. Mailing Address

21922 SW 126TH AVENUE
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

05-0962460

Applied For

Not Applicable

Zip

33170

Country

DADE

Zip

33170

Country

DADE

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, DEANNE T
 6420 S.W. 138TH COURT
 SUITE #108
 MIAMI FL 33183

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Deanne T. James DEANNE T. JAMES

04/25/00

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) ☐

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	Deanne James	<input type="checkbox"/> Delete
NAME	21922 SW 126TH AVE	
STREET ADDRESS	MIAMI FL 33170	(DIRECTOR)
CITY-ST-ZIP		
TITLE	RICHARD HED	<input type="checkbox"/> Delete
NAME	21922 SW 126TH AVE	
STREET ADDRESS	MIAMI FL 33170	(OFFICER)
CITY-ST-ZIP		
TITLE	JENNIFER MCKINLEY	<input type="checkbox"/> Delete
NAME	21922 SW 126TH AVE	
STREET ADDRESS	MIAMI FL 33170	(OFFICER)
CITY-ST-ZIP		
TITLE	DEANNE JAMES	<input type="checkbox"/> Delete
NAME	2004 NW 13TH CT	
STREET ADDRESS	MIAMI FL 33169	(OFFICER)
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		<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:

Deanne T. James DEANNE T. JAMES 4/25/00 305-258-5153

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)