

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90024 023 ***150.00

DOCUMENT # P99000106032

1. Entity Name

THE GIFT ADVENTURE INC.

Principal Place of Business

Mailing Address

**2800 E. COMMERCIAL BLVD., SUITE 208
FT. LAUDERDALE FL 33308****2800 E. COMMERCIAL BLVD., SUITE 208
FT. LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0973873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****KATZ, ALLEN H
2800 E. COMMERCIAL BLVD., SUITE 208
FT. LAUDERDALE FL 33308****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

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 **PS**
NAME **DELEOARDO, LINDA**
STREET ADDRESS **2300 N.W. 84TH TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**
☐ DeleteTITLE **VT**
NAME **DELEOARDO, STACEY**
STREET ADDRESS **1141 N. 70TH WAY**
CITY-ST-ZIP **HOLLYWOOD FL 33024**
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PS**
NAME **Dileonardo, Linda**
STREET ADDRESS **2300 NW 84 Terrace**
CITY-ST-ZIP **Pembroke Pines, FL 33024**
☒ Change ☐ AdditionTITLE **VT**
NAME **Dileonardo, Stacey**
STREET ADDRESS **1141 N. 70 way**
CITY-ST-ZIP **Hollywood, FL 33024**
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)