2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90023 041 ***150.00

0178144 AV

DOCUMENT # P99000106175

1. Entity Name
WILD GIFT, INC.

Principal Place of Business
%S.M. KRAFT P.A.
10101-C W SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address
%S.M. KRAFT P.A.
10101-C W SAMPLE RD
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: c/o S. KRAFT P.A.
Suite, Apt. #, etc.: 766 RIVERSIDE DR.
City & State: CORAL SPRINGS. FL
Zip: 33071 Country: USA

3. Mailing Address: c/o S. KRAFT P.A.
Suite, Apt. #, etc.: 766 RIVERSIDE DR.
City & State: CORAL SPRINGS. FL
Zip: 33071 Country: USA

4. FEI Number 65-0966819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HAMUY, NEIL
%S.M. KRAFT P.A.
10101-C W SAMPLE RD
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name: HAMUY, NEIL
Street Address (P.O. Box Number is Not Acceptable): c/o S. KRAFT P.A.
766 RIVERSIDE DR
City: CORAL SPRINGS FL Zip Code: 33071

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: Neil Hamuy / NEIL HAMUY 3/5/02
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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	~~HAMNY, JAMIE~~	NAME	JAMIE HAMUY
STREET ADDRESS	~~10101-C W SAMPLE RD~~	STREET ADDRESS	766 RIVERSIDE DR
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	CORAL SPRINGS. FL 33071
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	HAMUY, NEIL	NAME	
STREET ADDRESS	~~10101-C W SAMPLE RD~~	STREET ADDRESS	766 RIVERSIDE DR
CITY-ST-ZIP	~~CORAL SPRINGS FL 33065~~	CITY-ST-ZIP	CORAL SPRINGS. FL 33071
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Neil Hamuy / NEIL HAMUY 3/5/02 561-704-7966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)