

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S88162**

1. Entity Name

SPECIALTY GIFTS, INC

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90073 024 ***150.00

00028427

Principal Place of Business Mailing Address
9416 FOXTROT LN 7040 W. PALMETTO PARK ROAD
BOCA RATON FL 33496 SUITE 2-153
BOCA RATON FL 33433

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

4. FEI Number **65-0421718** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
GARBUS, SHEILA
7040 W. PALMETTO PARK ROAD
SUITE 2-153
BOCA RATON, FL 33433

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, 2001 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GARBUS, SHEILA
7040 W. PALMETTO PARK ROAD
SUITE 2-153
BOCA RATON, FL 33433
TD
BLOCH, JACK
7040 W. PALMETTO PARK ROAD
SUITE 2-153
BOCA RATON, FL 33433
VSD
BLOCH, ESTELLE
7040 W. PALMETTO PARK ROAD
SUITE 2-153
BOCA RATON, FL 33433

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ 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: **Sheila Garbus**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01
Date Daytime Phone #

CR2E034 (11/00)