2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030930

1. Entity Name

BASKET KASES BY ISABELLE, INC.

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90008 048 ***150.00

Principal Place of Business — Mailing Address

7825 S.W. 53 Avenue
Miami, Florida 33143

Address change:

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7995 S.W. 110 Street	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida 33156	City & State
Zip: 33156 — Country: USA	Zip — Country

4. FEI Number: 65-0997137 — Applied For ☐ — Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Louis Thaler 7825 S.W. 53 Avenue Miami, Florida 33143 (address change)	Name: LOUIS THALER, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 241 Sevilla Avenue Suite 805 City: Coral Gables — FL — Zip Code: 33134

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: Louis Thaler — LOUIS THALER — 4-25-01

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Isabelle P. Thaler 7825 S.W. 53 Avenue ~~Miami, Florida 33143~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Isabelle P. Thaler 7995 S.W. 110 Street ~~Miami, Florida 33156~~ ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Isabelle P. Thaler — 4-25-00 — (305) 595-3001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)