2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State
01-26-2001 90020 021 ***150.00

704130

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000090815

1. Entity Name
TABBASKETS, INC. TABASKETS, INC.

Principal Place of Business	Mailing Address
16797 NW 13 CT PEMBROKE PINES FL 33028 US	P.O. BOX 822605 SOUTH FLORIDA FL 33082

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 65-0786758 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, TABATHA J
16797 NW 13 CT
PEMBROKE PINES FL 33028

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, TABATHA J P.O. BOX 822 605 N/A SOUTH FLORIDA FL 33082 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] 1.15.01 305 201 3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document # P97000090815

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TABASKETS, INC.
"N-E-Thing 4-A-Smile"
P O Box 822605
South Florida, FL 33082-2605
(305) 201-3040

URGENT!! URGENT!! URGENT!! URGENT!! URGENT!!

To avoid any delays concerning our business transactions, PLEASE mail all document
P O Box 822605, South Florida, FL 33082-2605.

Mailing documents to 16797 NW 13th Court result in lost or severely damaged docum
It is extremely important that your company make the necessary adjustments to assure
address change.

For further information, please call **(305) 201-3040**.

Thank you in advance for your cooperation,

Tabatha J. Williams
Tabaskets, Inc.

PS: Please note the correct name(s) spelling.