

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90043 017 \*\*\*150.00

**DOCUMENT #** P990000 50385  
**1. Entity Name**  
 CREATE-A-BASKET & GIFTS, Inc

**Principal Place of Business**      **Mailing Address**  
 1201 NW 170th Ave      SAME  
 Pembroke Pines Fl  
 33028

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
 65 0924357       Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 SPIEGEL + UTZRA  
 343 ALMERIA AVE  
 CORAL GABLES FL 33134

**7. Name and Address of New Registered Agent**

**Name**      **Street Address (P.O. Box Number is Not Acceptable)**  
 DONNA M. FAZIO  
 1201 NW 170th Ave

**City**      **FL**      **Zip Code**  
 Pembroke Pines      33028

**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**  
 Donna M. FAZIO      Donna M. FAZIO      4-27-00

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**            **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back)      **After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PSD	<input type="checkbox"/> Delete
<b>NAME</b> DONNA M. FAZIO	
<b>STREET ADDRESS</b> 1201 NW 170th Ave	
<b>CITY-ST-ZIP</b> Pembroke Pines FL 33028	
<b>TITLE</b> VTD	<input type="checkbox"/> Delete
<b>NAME</b> LISA M. ROSE	
<b>STREET ADDRESS</b> 1201 NW 170th Ave	
<b>CITY-ST-ZIP</b> Pembroke Pines FL 33028	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <del>Vice President, Treasury</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 #**  
 Donna M. FAZIO      4-27-00 954470177

CR2E034 (9/99)