

DOCUMENT # P00000042850

1. Entity Name

A Trinket a Basket, Inc.

Principal Place of Business
8365 S.W. 152 AVE., #3-104
MIAMI FL 33193

Mailing Address
8365 S.W. 152 AVE., #3-104
MIAMI FL 33193

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90003 027 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1004300

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, ALEJANDRO L
8365 S.W. 152 AVE., #3-104
MIAMI FL 33193

7. Name and Address of New Registered Agent

Name JENNIFER B. LOPEZ

Street Address (P.O. Box Number is Not Acceptable)

8365 SW 152 AVE, #104

City MIAMI

FL

Zip Code 33193

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

Jennifer Lopez

1/9/01

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 PSD
NAME LOPEZ, ALEJANDRO L Delete
STREET ADDRESS 8365 S.W. 152 AVE., #3-104
CITY-ST-ZIP MIAMI FL 33193

TITLE PSD
NAME JENNIFER B. LOPEZ Change Addition
STREET ADDRESS 8365 SW 152 AVE, #104
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer Lopez

Date

Daytime Phone #

1/9/01 305 663-3333

CR2E034 (10/00)