## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 24, 2001 8:00 am **DOCUMENT # G52630 Secretary of State** GRANDMA'S BASKET BAZAAR, INC. 01-24-2001 90037 021 \*\*\*150.00 Principal Place of Business Mailing Address 2769 E OAKLAND PARK BLVD 2769 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2321740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPHERD, JUDITH C. Street Address (P.O. Box Number is Not Acceptable) 2550 NE 51ST ST 307 FT LAUDERDALE FL 33308 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE SHEPHERD, LAURA NAME NAME 2769 OAKLAND PK BLVD #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE TITLE □ Change ■ Addition SHEPHERD, JUDITH C. NAME NAME 2769 E OAKLAND PK BLVD 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT.LAUDERDALE FL TITLE Delete TITLE Change Addition SHEPHERD, MICHAEL W NAME NAME 2550 NE 51ST ST #307 STREET ADDRESS STREET ADDRESS CITY-ST-7iP FT LAUDERDALE FL 33308 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mula

954-561-1164

Daytime Phone #