

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO2084**
 1. Entity Name
BASKETS GALORE INC

Principal Place of Business Mailing Address
5220 N.W. 72 AVE #14
Miami FLA 33166

2. Principal Place of Business 3. Mailing Address
~~Same~~ ~~Same~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

FILED
 00 JUN -2 AM 8:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Amended
 DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-2422421** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JEFF HERMAN
5220 N.W. 72 AVE #14
Miami FL 33166

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 *Jeff Herman* DATE
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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
 TITLE ☐ Delete
 NAME **President**
 STREET ADDRESS **JEFF HERMAN**
 CITY-ST-ZIP **380 SW 167 AVE**
Pembroke Pines FL 33166
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE ☐ Change ☒ Addition
 NAME **U.P.**
 STREET ADDRESS **DOLORES HERMAN**
 CITY-ST-ZIP **380 SW 167 AVE**
Pembroke Pines FL 33027
 TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **ANGEL PILOTO**
 CITY-ST-ZIP **4342 SW 147 COURT**
MIA PL 33185
 TITLE ☐ Change ☐ Addition
 NAME **3000033134**
 STREET ADDRESS **-07/05/00-01094-008**
 CITY-ST-ZIP *******61.25 *****61.25**
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **LS**
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 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 like empowered.

SIGNATURE: *Jeff Herman* Date **4/25/00** Daytime Phone # **3055926735**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)