FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
02-11-2002 90201 018 ***158.75

DOCUMENT # M 71055

1. Entity Name
A BASKET AFFAIR, INC of FT. LAUDERDALE

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
105 Avenue of the Arts	105 Avenue of the Arts
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fl.	City & State: Ft. Lauderdale, Fl
Zip 33312 Country	Zip 33312 Country

4. FEI Number 65-0034436 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STEVEN M. AUERBACHER
Street Address (P.O. Box Number is Not Acceptable): 105 EAST PALMETTO PARK RD
SUITE 410
City: BOCA RATON, FL Zip Code 33432

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	Johnson, David Eric	NAME	
STREET ADDRESS	725 S.W 2nd Court	STREET ADDRESS	
CITY-ST-ZIP	Ft Lauderdale, Fl. 33312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/25/02 Daytime Phone #: 954 522-6997