

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91000 009 ****61.25

DOCUMENT # N00000001529

1. Entity Name

BASKIN & MOORE SHELTER, INC.

Principal Place of Business

**19020 NORTHWEST 8TH COURT
 MIAMI FL 33169-3826**

Mailing Address

**19020 NORTHWEST 8TH COURT
 MIAMI FL 33169-3826**

2. Principal Place of Business

19020 NW 8 Ct.

Suite, Apt. #, etc.

3. Mailing Address

19020 NW 8 CT.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

MIAMI, FL

4. FEI Number

65-0980877

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BASKIN, WALTER
 20401 NW 2ND AVE
 #207
 MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

WALTER BASKIN

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

19020 NW 8 CT.

City

MIAMI

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
 NAME **WASHINGTON, GEORGIA**
 STREET ADDRESS **20401 NW 2ND AVENUE #207**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **VPT** ☐ Delete
 NAME **MILES, ALFRED**
 STREET ADDRESS **20401 NW 2ND AVENUE #207**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **TT** ☐ Delete
 NAME **DELVA, CECELIA**
 STREET ADDRESS **20401 NW 2ND AVENUE #207**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **ST** ☐ Delete
 NAME **FLOYD, MAME**
 STREET ADDRESS **20401 NW 2ND AVENUE #207**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **MT** ☒ Delete
 NAME **RANNIER, BRYON**
 STREET ADDRESS **20401 NW 2ND AVENUE #207**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WALTER BASKIN

2/25/02

CR2E037 (9/01)