

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90042 045 ***150.00

042047 AV

DOCUMENT # P00000061030

1. Entity Name

ALL THAT AND A BASKET.COM, INC.

Principal Place of Business

**2127 DALLAS AVENUE
TAMPA FL 33603**

Mailing Address

**2127 DALLAS AVENUE
TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3654443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 ☐ Delete
NAME **PD SALARIO, LAURA**
STREET ADDRESS **2127 DALLAS AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE ☐ Delete
NAME **VD ALONSO, CATHY M**
STREET ADDRESS **2127 DALLAS AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE ☐ Delete
NAME **ST MORADIELLOS, DONNA D**
STREET ADDRESS **2127 DALLAS AVENUE**
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Donna D. Moradiellos* **Donna D. Moradiellos** **3/19/02** **(813) 872-4438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

ATTACH LOC# R0000000001030/015956

Form **SS-4**

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

EIN 59-3654443

OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) ALL THAT AND A BASKET.COM, INC.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 2127 Dallas Avenue	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code Tampa, Florida 33603	5b City, state, and ZIP code
6 County and state where principal business is located Hillsborough County, Florida	
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ Laura Salarin, President (ssn 590-32-5649)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶ Sub S
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
06/23/00

11 Closing month of accounting year (see instructions)
December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
n/a

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ▶ **sale of gift baskets**

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify) ▶		

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

813 870-3272

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **Elsie Sanchez, Treasurer**

Signature ▶  Date ▶ **07/07/00**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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ATTACH

DOC# P00000061030/615956



2001 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2001

DR-13
R. 01/01

Business Name and Location Address

ALL THAT IN A BASKET
ALL THAT AND A BASKET.COM INC
2127 W DALLAS AVE
TAMPA FL 33603-2601

Registration Effective Date

JULY 17, 2000

Certificate Number

39-00-211945-55-6

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-lease as tangible personal property.
- Resale of services.
- Re-lease as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active dealer or its authorized employees. Misuse of this Annual Resale Certificate will subject the user to penalties as provided by law.

Presented to:

(Insert name of seller on photocopy.)

(date)

Presented by:

[Signature]

Authorized Signature (Purchaser)

(date)