

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90384 018 ***158.75

DOCUMENT # P01000009930

1. Entity Name
THE BASKETREE INC.

Principal Place of Business

9377 SW 37TH ST
 MIAMI FL 33105

Mailing Address

9377 SW 37TH ST
 MIAMI FL 33105

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

331-44-0212

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, JUANA I
 9377 SW 37TH ST
 MIAMI FL 33105

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GARCIA, JUANA I
 9377 SW 37TH ST
 MIAMI FL 33105

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 GARCIA, LUIS F II
 9377 SW 37TH ST
 MIAMI FL 33105

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 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:

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

Date

7/20/02
 Daytime Phone #

CR2E034 (4/02)

Attachment

Miami, July 20, 02

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee FL 32302-1500

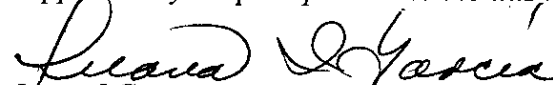
676182
P01000009930

Re : Document # P01000009930

To Whom It May Concern:

Please be advised that this is the first notification that I received, I apologize for any inconvenience this might have cause you.

I appreciate your prompt attention to this matter.



Juliana I Garcia
C/O The Basketree Inc
9377 SW 37 St
Miami, FL 33165

Copy/file