

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

04-30-2002 90207 021 ***150.00

DOCUMENT # P01000059415

1. Entity Name

THEME BASKETS PLUS, INC.

Principal Place of Business

**5270 N.W. 109TH AVENUE
 #102
 MIAMI FL 33178**

Mailing Address

**5270 N.W. 109TH AVENUE
 #102
 MIAMI FL 33178**

2. Principal Place of Business

10737 NW 58th St.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33178

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1117037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MARIELA GORRIN**

Street Address (P.O. Box Number is Not Acceptable) **5270 NW 109 AVE. #102**

City

MIAMI

FL

Zip Code

33178

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

Mariela Gorrin **President**

05/24/02

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

TITLE **PTD** ☒ Delete
 NAME **MILLER, TERESITA J**
 STREET ADDRESS **14449 NW 95TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **SVD** ☐ Delete
 NAME **NASCO, MARIELA**
 STREET ADDRESS **5270 N.W. 109TH AVENUE #102**
 CITY-ST-ZIP **MIAMI FL 33178**

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 **PRESIDENT** ☒ Change ☐ Addition
 NAME **Mariela Gorrin**
 STREET ADDRESS **5270 NW 109 AVE. #102**
 CITY-ST-ZIP **MIAMI, FLORIDA 33178**

TITLE **Vice-President** ☐ Change ☒ Addition
 NAME **JOSE D. CARZILLO**
 STREET ADDRESS **9975 NW 46 Street - #001**
 CITY-ST-ZIP **MIAMI, FLORIDA 33178**

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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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:

Mariela Gorrin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-02

Date

305-804-1034

Daytime Phone #

CR2E034 (9/01)