

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90056 032 ***150.00

979418



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000072409

1. Entity Name
ABOVE ALL BASKETS, INC.

Principal Place of Business
**285 NE 159TH ST.
 NORTH MIAMI BEACH FL 33162**

Mailing Address
**285 NE 159TH ST.
 NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business
285 NE 159th Street
 Suite, Apt. #, etc.

3. Mailing Address
285 NE 159th Street
 Suite, Apt. #, etc.

City & State
N. Miami Bch, FL

City & State
North Miami Bch, FL

4. FEI Number **ETN#**
65-1131806

Applied For
 Not Applicable

Zip **33162** Country **Miami-Dade**

Zip **33162** Country **USA**

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

6. Name and Address of Current Registered Agent

**LAURENCEAU, PATRICIA
 285 NE 159TH ST.
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

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 **Pat Laurenceau Patricia Laurenceau 9/6/02**
 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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCEAU, PATRICIA 285 NE 159TH ST. NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Pat Laurenceau**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 6, 2002 (305) 724-4306
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
P01000072409

Above All Baskets, Inc.
285 NE 159th Street
N. Miami Beach, FL 33162
(305) 944-6210

979418

September 6, 2002

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

Re: Document # P01000072409

Dear Division of Corporations:

Enclosed please find a check in the amount of \$150.00 for the filing fee of my 2002 Uniform Business Report. I have recently started by business and this is the first notice I've received. I am requesting that the late fee be waived due to the fact that the corporation did not receive any prior notice. If you have any questions or concerns please contact me at the above telephone number.

Thank you for your attention to this matter.

Sincerely,

Pat Laurenceau

Patricia Laurenceau
President & CEO