2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000118719

1. Entity Name

A BASKET OF JOY, INC.

| FILED |
|--------------------------------|
| May 08, 2003 8:00 am |
| Secretary of State |
| 05 09 2002 00160 022 ***150 00 |

| | | | | | | | J | | | | | |
|--|--------------------------------|--|----------------------------------|---|-------------|--|--------------------------------|--|----------------|------------------------------------|------------------------|--|
| Principal Place of Business 150 N.W. 108 TERRACE # 15-204 PEMBROKE PINES FL 33026 | | | | Mailing Address 150 N.W. 108 TERRACE # 15-204 PEMBROKE PINES FL 33026 | | | | | | | | |
| 2. Principal Place of Business 1437 Marseille Court Suite, Apt. #, etc. 3. Mailing Address 1437 Marseill Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | ille | Court | | | | | | |
| # 5505 City & State | | | | # 5505 City & State | | | | CHECK HERE IF MAKING CHANGES 4. FEI Number 04 0500000 Applied For | | | | |
| Weston, Florida | | | | eston, F | | rida_ | da 01-058 | | | No | ot Applicable | |
| 33321 | 33326 Country USA | | | Zip Count 33326 US | | | 5. Certificate of Status Desir | | | ed \$8.75 Additional Fee Required | | |
| | and Address of Current F | Name | 7. | Name and Address of New Re | gistered A | gent | 7 T | | | | | |
| RODRIGUEZ, MANNY R | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 150 N.W. 108 TERRACE | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| # 15-204 | | | | | | | | | | | | |
| PEMBROKE PINES FL 33026 | | | | | | City | | | FL | Zip Cod | le ' | |
| 8 The above | named entity | submits this statement for | the nurn | ose of changing its | regieter | ad office or regis | etered an | gent, or both, in the State of Flori | | miliar with | and accent | |
| | tions of registe | | uio paipi | ode of changing its | rogistor | ca office of regi. | atorea ag | gent, or board, in the state of Flori | da. Tamia | Times with, | und accept | |
| SIGNATURE . | | <u> </u> | | | | | | | | | | |
| | Signature, typed of | or printed name of registered agent an | d title if appl | licable. (NOTE | : Registere | ed Agent signature req | uired when re | einstating) | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | | Election Campaign Fina Trust Fund Contribution | | | 00 May Be d to Fees | |
| 10. | | OFFICERS AND D | IRECTO | RS | 11. | | AE | DDITIONS/CHANGES TO OFFIC | CERS AND | DIRECTOR | S IN 11 | |
| TITLE NAME | PODRIGUE | Z, MANNY R | | ☐ Delete | TITL | | | | | ☐ Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 150 N.W. 1 | 108 TERRACE # 15-204 E PINES FL 33026 | | | STR | EET ADDRESS '- ST-ZIP | | | | | | |
| TITLE | V | A 0 4.2 | | ☐ Delete | TITL | E | | | | ☐ Change | Addition | |
| name Street address - | Pamela | z Ann Rodrigu Varseille Cow | + # | 5505 | NAM | IE EET ADDRESS | | | | | , | |
| CITY-ST-ZIP | Westor | r, Florida 33: | 326 | | | -ST-ZIP | | | | | } | |
| TITLE - | _ | | | ☐ Deléte | TITL | E " | | | | ☐ Change | Addition | |
| NAME | แนววาก | y Raul Rodr Tarseille Cou | igue | #5505 | , NAM | l l | | | | | | |
| STREET ADDRESS CITY-\$T-ZIP | Mostr | on, Florida | 333 | 26 | 1 | EET ADDRESS '-\$T-ZIP | | | | | | |
| TITLE | 772370 | , 1 | | ☐ Delete | TITU | E | | | | Change | Addition | |
| NAME | | | | | NAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | J | | | | | EET ADDRESS '- ST- ZIP | | | | | | |
| TITLE | <u> </u> | | | □ Delete | TITL | | | | | ☐ Change | Addition | |
| NAME | | | | | NAM | · | | | | _ • | - | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | EET ADDRESS '-ST-ZIP | | | | | | |
| TITLE | | | | □ Delete | TITL | | | | | Change | Addition | |
| NAME | | | | | NAM | ie j | | | | | | |
| STREET ADDRESS | _ | | | | B - | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | ertify that the | information supplied with t | his filing | does not qualify for | | -ST-ZIP | Section | 119.07(3)(i), Florida Statutes. I f | urther corti | fy that the i | nformation | |
| indicated of the cor | on this report poration or the | or supplemental report is t | rue and a v <u>ere</u> d to e | accurate and that me execute this report a | y signa | ture shall have th | he same l | legal effect as if made under oa da Statutes; and that my name | ith; that I an | n an officer | or director | |
| SIGNATURE: 103. 9543848511 | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | | | | | | | | |