

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0367975 AV

DOCUMENT # P02000112069

1. Entity Name
BASKETS JUST FOR YOU, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 19 PM 2:33

Principal Place of Business
6321 SW 195TH AVENUE
PEMBROKE PINES FL 33332

Mailing Address
6321 SW 195TH AVENUE
PEMBROKE PINES FL 33332



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

05-0535590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALENCIA, LISA
6321 SW 195TH AVENUE
PEMBROKE PINES FL 33332

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VALENCIA, LISA
6321 SW 195TH AVENUE
PEMBROKE PINES FL 33332 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600020055556
05/29/03--01006--016 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VALENCIA, JUAN
6321 SW 195TH AVENUE
PEMBROKE PINES FL 33332 ☐ Delete

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED VALENCIA-VP

03/11/03

(254) 689-0034

Date

Daytime Phone #

CR2E034 (10/02)