2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000087277**

HEAVENLY BASKETS OF NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

185 E INDIANTOWN RD SUITE 103

2. Principal Place of Business 02 MANGROVE

JUPITER FL 33477

P.O. BOX 2830 JUPITER FL 33468-2830

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90120 016 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0456006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered A A losso ALOSSO, LIZ 185 E INDIANTOWN RD SUITE 103 JUPITER FL 33477 8. The above named partity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) ent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Change ☐ Delete TITLE TITLE ALOSSO, LIZ 402 MANGROVE POINT NAME STREET ADDRESS 110 NORTH DELAWARE BLVD. #188 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Delete TITI F ALOSSO, MIKE NAME 402 MANGROVE POINT Jupiter FL 33458 110 NORTH DELAWARE BLVD. #18B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition