2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000018799**

THE BASKET CASE OF SOUTH FLORIDA, INC.

9975 S.W. 161 STREET MIAMI FL 33157

04-17-2000 90135 038 ***158.75 Mailing Address Principal Place of Business 9975 S.W. 161 STREET MIAMI FL 33157-3258 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0562759 Not Applicable Country Zip Country \$8.75 Additional \mathbf{X} 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LITTLE, SILVIA Street Address (P.O. Box Number is Not Acceptable) 9975 S.W. 161 STREET **MIAMI FL 33157** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent 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 DV ☐ Delete TITLE TITLE LITTLE, SILVIA NAME NAME STREET ADDRESS 9975 S.W. 161 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE NAME BENITEZ, SILVIA S NAME STREET ADDRESS STREET ADDRESS 14920 SW 167 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33187** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receive changed, or on an attachme with an address, wit ner like em

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING

MESilvia S. Benitez ICER OR DIRECTOR

04/10/00

(305) 238-4922

Apr 17, 2000 8:00 am Secretary of State