2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P98000027523 BASTA, INC. | | | | | Secretary of State 02-20-2002 90047 006 ***150.00 | | | |
|---|---|---|---|---|--|--|--|--|
| Principal Place of Business 99696 OVERSEAS HIGHWAY KEY LARGO FL 33037 | | Mailing Address 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037 | | |) (38) (44) (16) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8 | ring iantigen eine M | á sa 1411/3 a a s | |
| 2. Principal Pl | ace of Business | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | TEL Niverbox | | plied For | |
| City & State | | City & State | | 4. | 65-0829799 | No | t Applicable | |
| Zip • | Country | Zip | Country | 5. | Certificate of Status Desired | \$8.75 Add Fee Required | | |
| í | 6. Name and Address of Current Re | egistered Agent | Nan | | Name and Address of New Register | red Agent | | |
| LUPINO, JAMES S 90130 OLD HIGHWAY TAVERNIER FL 33070 | | | | | Box Number is Not Acceptable) | | | |
| IAVERNIER PE 35070 | | - | City | | | FL Zip Code | , | |
| B. The above | named entity submits this statement for t | he purpose of changing its | registered office | ce or registered ag | gent, or both, in the State of Florida. | | | |
| SIGNATURE _ | Signature, typed or printed name of registered agent and | d title if applicable. (NOT | E: Registered Agent : | signature required when | reinstating) C | ATE | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 4 (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of St | | e \$550.00 | | | | |
| 11. | OFFICERS AND D | | 12. | AI | ODITIONS/CHANGES TO OFFICERS | | | |
| TITL'S NAME STREET ADDRESS CITY-ST-ZIP | D BOILINI, JAMES 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037 | ☐ Delete | ' TITLE NAME STREET ADDR CITY-ST-ZIP | ESS | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GANIM, LEE G 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037 | ☐ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | ESS | | ☐ Change | Addition | |
| TITLE | GANIM, DONALD E 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037 | Delete | NAME STREET ADDR | ESS | en e e compete e e | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CIANCIOLO, CAROL A 102250 OVERSEAS HIGHWAY KEY LARGO FL 33037 | ☐ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | IESS | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | ESS | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDR | • | | ☐ Change | ☐ Addition | |
| 13. I hereby of indicated of the corchanged | certify that the information supplied with the on this report or supplemental report is to reportation or the receiver or trustee expose, or on an attachment with an address, with | his filing does not qualify for rue and eccurate and that vered to execute this report that other like empowered | or the exemption my signature sh t as required by I. | n stated in Section nall have the same Chapter 607, Flo | 119.07(3)(i), Florida Statutes. I furthe legal effect as if made under oath; t rida Statutes; and that my name app | er certify that the in hat I am an officer ears in Block 11 or | iformation or director Block 12 if | |