

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043270

1. Entity Name

BASKET DESIGNS, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90034 048 ***150.00

Principal Place of Business

4226 NE 6TH AVE
 FT LAUDERDALE FL 33334

Mailing Address

4226 NE 6TH AVE
 FT LAUDERDALE FL 33334-3108

2. Principal Place of Business

2409 N.E. 11th AVE

Suite, Apt. #, etc.

3. Mailing Address

2409 N.E. 11th AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

4. FEI Number

65-0854297

Applied For

Not Applicable

Zip

33305

Country

Broward

Zip

33305

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANZ-KARLIC, MARY ANN
 4226 NE 6TH AVE
 FT LAUDERDALE FL 33334

Name

FRANZ-KARLIC, MARY ANN

Street Address (P.O. Box Number is Not Acceptable)

2409 N.E. 11th AVE

City

Wilton Manors

FL

Zip Code

33305

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

Signature, type

Name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARLIC, MARY ANN 4226 NE 6TH AVE FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, STEVE 4226 NE 6TH AVE FT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MaryAnn Franz-Karlic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-2000

Date

954-537-7788

Daytime Phone #