2001 UNIFORM BUSINESS REPORT (UBR) FILED P98000102251 DOCUMENT # May 03, 2001 8:00 am **Secretary of State** BASEL TRUST CORPORATION 05-03-2001 90973 022 ***158.75 Principal Place of Business Mailing Address 9868 SANDAL FOOT BLUD., SUITE #214 BOCA RATON, FL 33428 C0059174 (hailing some as Aincipal 2. Principal Place of Business 9668 Saudal Feet Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional U.S.A. 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL Street Address (P.O. Box Number is Not Acceptable) ste. # 214 BOCA RATON 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. LANDLUM SIGNATURE ne 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. Change ■ Addition ☐ Delete TITLE L'ANDLUM, MICHAEL 9868 SANDAL FOOT BLUD, # 214 NAME STREET ADDRESS STREET ADDRESS BOCA RATON, PL 332428 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME 9868 SANDAL FOOT BLUD., #214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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. MICHAEL CANDLUM - DIRECTOR) 04-16-01 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR