

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90003 006 ***150.00

DOCUMENT # P99000066694

1. Entity Name
A BASKET CASE.NET, INC.

Principal Place of Business 650 West Avenue #1602 Miami Beach, FL 33139	Mailing Address 650 West Avenue #1602 Miami Beach, FL 33139
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2. Principal Place of Business 1845 Bay Road Suite, Apt. #, etc.	3. Mailing Address 1602 Alton Road Suite, Apt. #, etc. P.M.B. #62
City & State Miami Beach, Florida	City & State Miami Beach, Florida
Zip 33139-1415	Country U.S.A.

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROSEN, RENEE S.
650 West Avenue #1602
Miami Beach, FL 33139

4. FEI Number 65-0946052	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent

Name ROSEN, RENEE S.
Street Address (P.O. Box Number is Not Acceptable) 1845 Bay Road
City Miami Beach, FL
Zip Code 33139-1415

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 Renee S. Rosen **Renee S. Rosen, Pres** **April 30, 2000**
Signature, typed or printed 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P/T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, RENEE S.		NAME ROSEN, RENEE S.	
STREET ADDRESS 650 West Avenue #1602		STREET ADDRESS 1845 Bay Road	
CITY-ST-ZIP Miami Beach, FL 33139		CITY-ST-ZIP Miami Beach, Florida 33139-1415	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee S. Rosen **Renee S. Rosen, Pres.** **4/30/00** **(305) 531-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)