

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000066694

1. Entity Name

A BASKET CASE.NET, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1845 Bay Road

3. Mailing Address

1602 Alton Road

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

P.M.B. #62

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-0946052

Applied For

Not Applicable

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROSEN, RENEE S.

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

1845 Bay Road; 2nd Floor

City

Miami Beach,

FL

Zip Code
33139

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 Rosen

RENEE S. ROSEN, Registered Agent

4/30/2001

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)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

P/T/S/D/RENEE S.
ROSEN, RENEE S.
1845 Bay Road; 2nd Floor
Miami Beach, Florida 33139

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Renee Rosen

Renee S. Rosen

4/30/01

(305) 531-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Phone Number

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90373 028 ***150.00

U0055823