

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90396 006 ***150.00

669744

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000066694			
1. Entry Name A BASKET CASE.NET, INC.			
Principal Place of Business 3390 Mary Street Miami, Florida 33133		Mailing Address 3390 Mary Street Miami, Florida 33133	
2. Principal Place of Business 3390 Mary Street Suite Apt # etc Suite #139 City & State Miami, Florida		3. Mailing Address 3390 Mary Street Suite Apt # etc Suite #139 City & State Miami, Florida	
Zip 33133	Country USA	Zip 33133	Country USA
4. FEI Number 65-0946052		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name RENEE S. ROSEN, President	
		Street Address (P.O. Box Number is Not Acceptable) Suite #139	
		3390 Mary Street	
		City Miami FL Zip Code 33133	
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 <i>Renee Rosen</i>		DATE 4/30/2002	
Signature must be printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-appointing)	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$350.00 Make Check Payable to Department of State	
		10. Election Campaign Financing <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Renee Rosen</i>		4/30/2002 (305) 343-1110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Calling Phone #	

UNIFORM 2002