## FILED Jul 11, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000079098 1. Entity Name 07-11-2002 90253 026 \*\*\*150.00 SWEET TREAT BASKETS. INC. Principal Place of Business Mailing Address 6101 SUNSET DRIVE 6101 SUNSET DRIVE MIAMI FL 33143 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBAUM, SCOTT Street Address (P.O. Box Number is Not Acceptable) 6101 SUNSET DR **MIAMI FL 33143** Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change TITLE ☐ Delete **PSTD** NAME NAME ROSENBAUM, SCOTT STREET ADDRESS STREET ADDRESS 6101 SUNSET DRIVE CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33143 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 empower

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# P9900079098 119520

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Annual Company of the		DOLLARS E	o las	63-815/670	1852

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Affachment

July 3, 2002

# 89900079098 119520

To whom it may concern, Florida Department of State Division of Corporations

I am writing to request wavier of any penalties. I just received Tuesday July 2, 2002 two reports in the mail basically notifying me that you never received my documents. I called the phone number provided inside. I was told to my surprise, that you had no record of any the reports that were sent; I had placed several reports in an envelope. I was told to call 850-245-6045. I spoke with a gentleman who told me to confirm my bank wether they had received any of the checks, they have not. I was then told to send a new \$150.00 check for each report which is attached.

Enclosed you will find the copies of the original check which was stapled to the original report. I can not explain what happened except this year my wife and I had some family emergencies and rather than being sent return receipt, my bookkeeper mailed them regular mail. Why you did not receive the reports I do not know it was mailed well in advance of the May 1, 2002 deadline.

At this time I respectfully request a wavier of any penalties. Thank for your consideration. If there any questions please contact me at 305-206-4900

Sincerely,

Scott Rosenbaum

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1. Entity Name SWEET T		ASKETS, IN <del>C. —</del>		<u> </u>	12/450		
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2. Principal Pl	ace of Busin	ess	3. Mailing Address				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE	
City & State	)		City & State		4. FEI Number NOT APPLIC	:ΔK(	pplied For lot Applicable
Zip		Country	Zip	Country	5. Certificate of Status Desired	See Require	
	6. Name	and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Rec	gistered Agent	
ROSENBA 6101 SUM MIAMI FL		π		Street Addre	iss (P.O. Box Number is Not Acceptable)		
1710 0011 1 0				l l			
8. The above		y submits this statemen	nt for the purpose of changing i	City Its registered office or reg	istered agent, or both, in the State of Flori	FL Zip Coo	de
9. This corporate filing in	named entity Signature, typed pration is elig	y submits this statement or printed name of registered as lible to satisfy its Intang and elects to do so.	gent and title if applicable. (No.)		10. Election Campaign Fina Trust Fund Contribution.	DATE  ancing \$5.	00 May Be
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SIGNATURE:

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