

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90189 003 ***150.00

DOCUMENT # P99000079098

1. Entity Name
SWEET TREAT BASKETS, INC.



Principal Place of Business
**6101 SUNSET DRIVE
MIAMI, FL 33143**

Mailing Address
**6101 SUNSET DRIVE
MIAMI, FL 33143**

2. Principal Place of Business

5793 Commerce Ln
Suite, Apt. #, etc.

3. Mailing Address

5793 Commerce Ln
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

33143

Country

USA

Zip

33143

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSENBAUM, SCOTT
6101 SUNSET DR
MIAMI, FL 33143**

7. Name and Address of New Registered Agent

Name

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

5793 Commerce Ln

City

Miami

FL

Zip Code

33143

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ROSENBAUM, SCOTT
6101 SUNSET DRIVE
MIAMI, FL 33143** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**5793 Commerce Ln
Miami FL 33143** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT ROSENBAUM

5-12-03

Date

305-321-1700

Daytime Phone #

CR2E034 (10/02)

Attachment

90135997

#P99000079098

May 12, 2003

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

I am writing to request wavier of any penalties. I called the division of corporations and spoke with a young lady today and explained that when I was doing a search for a corporation it occurred to me that I did not remember receiving my corporate documents. I explained that I moved the business in July/August of 2002. She asked me if I notified anyone. I had notified the department of revenue, which is still showing an incorrect address after contacting them several times. I was told to down load the forms from the net and send this letter of explanation and the check attached for \$150.00

At this time I respectfully request a wavier of any penalties. Thank for your consideration. If there any questions please contact me at 305-321-1700

Sincerely,



Scott Rosenbaum