## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P9700090815 1. Entity Name TABASKETS, INC. TABBASKETS, INC. 01-26-2001 90020 021 \*\*\*150.00 Principal Place of Business Mailing Address 16797 NW 13 CT P.O. BOX 822605 PEMBROKE PINES FL 33028 SOUTH FLORIDA FL 33082 704130 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 65-0786758 Applied For 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 WILLIAMS, TABATHA J Street Address (P.O. Box Number is Not Acceptable) 16797 NW 13 CT PEMBROKE PINES FL 33028 Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Addition WILLIAMS, TABATHA J NAME NAME P.O. BOX 822 605 N/A STREET ADDRESS STREET ADDRESS SOUTH FLORIDA FL 33082 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

Document # P97000690815 704136

## TABASKETS, INC.

"N-E-Thing 4-A-Smile"
P O Box 822605
South Florida, FL 33082-2605
(305) 201-3040

## URGENT!! URGENT!! URGENT!! URGENT!!

To avoid any delays concerning our business transactions, PLEASE mail all document P O Box 822605, South Florida, FL 33082-2605.

Mailing documents to 16797 NW 13<sup>th</sup> Court result in lost or severely damaged documents is extremely important that your company make the necessary adjustments to assure address change.

For further information, please call (305) 201-3040.

Thank you in advance for your cooperation,

Tabatha J. Williams Tabaskets, Inc.

PS: Please note the correct name(s) spelling.

