

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90100 047 ***150.00

DOCUMENT # **235005**
 1. Entity Name
PASADENA GARDENS, INC.

Principal Place of Business
600 LAYNE BLVD #110
HALLANDALE, FL. 33009

Mailing Address
SO. BARCLAY ACCOUNTING SERVICE, INC.
7000 N. DAVIE RD. EXT
STE 1028
HOLLYWOOD, FL. 33024

741054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
59-0931668

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEVITA, SEBASTIAN
600 LAYNE BLVD. # 117
HALLANDALE, FL. 33009.

7. Name and Address of New Registered Agent
 Name
SCAMBATI, MARY
 Street Address (P.O. Box Number is Not Acceptable)
600 LAYNE BLVD.
 City
HALLANDALE FL Zip Code
33009

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: *[Signature]* **MARY SCAMBATI** DATE: **4-27-00**
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP NEUAK, VICTOR 600 LAYNE BLVD HALLANDALE, FL. 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DV BELLU, ANTHONY 600 LAYNE BLVD HALLANDALE, FL. 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VERDONE, ANGELO 600 LAYNE BLVD HALLANDALE, FL. 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DT DESANTIS, FERDINANDO 600 LAYNE BLVD HALLANDALE, FL. 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS MCKENNEY 600 LAYNE BLVD HALLANDALE, FL. 33009	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **SCAMBATI, MARY C.** DATE: **4-27-00** DAYTIME PHONE #: **954-455-2166**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)