

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90232 036 \*\*\*150.00

0139397  
AV

**DOCUMENT # 235005**

1. Entity Name  
**PASADENA GARDENS INC**



Principal Place of Business  
**600 LAYNE BLVD  
113  
HALLANDALE FL 33009  
US**

Mailing Address  
**PO BOX 3625  
HALLANDALE FL 33008  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0931668**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCANLAN, DONALD  
600 LAYNE BLVD  
113  
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCANLAN, DONALD</b>	
STREET ADDRESS	<b>600 LAYNE BLVD. #113</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARDONE, PAUL</b>	
STREET ADDRESS	<b>600 LAYNE BLVD., #107</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>SCANLAN, DONALD</b>	
STREET ADDRESS	<b>600 LAYNE BLVD., #113</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARDONE, PAUL</b>	
STREET ADDRESS	<b>600 LAYNE BLVD., #107</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>BLUM, SIDNEY</b>	
STREET ADDRESS	<b>600 LAYNE BLVD., #210</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELLI, ANTHONY</b>	
STREET ADDRESS	<b>600 LAYNE BLVD., #220</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	

TITLE	<b>D V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARDONE, PAUL</b>	
STREET ADDRESS	<b>600 LAYNE BLVD #107</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<del><b>KATOWITZ, NORMAN</b></del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>KATOWITZ, NORMAN</b></del>	
STREET ADDRESS	<del><b>600 LAYNE BLVD #114</b></del>	
CITY-ST-ZIP	<del><b>HALLANDALE FL 33009</b></del>	
TITLE	<b>D T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATOWITZ, NORMAN</b>	
STREET ADDRESS	<b>600 LAYNE BLVD #114</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Donald Scanlan **DONALD SCANLAN** 4 30 03 954 4577595  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)