

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90944 046 ***150.00

DOCUMENT # P95000057463

1. Entity Name

PARROT JUNGLE AND GARDENS OF WATSON ISLAND, INC.



Principal Place of Business

**11000 SW 57 AVE
MIAMI FL 33156**

Mailing Address

**11000 SW 57 AVE
MIAMI FL 33156**

2. Principal Place of Business

1111 Parrot Jungle Trail 266 S. Coconut Lane

3. Mailing Address

266 S. Coconut Lane

Suite, Apt. #, etc.

Miami FL

Suite, Apt. #, etc.

Miami Beach FL



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0610458**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEVINE, B.M.
11000 SW 57 AVE
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **Levine, B.M.**

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

266 S. Coconut Lane

Miami Beach

City

FL

33139

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 reinstating)

DATE

2/18/3

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 **P** ☐ Delete

NAME **LEVINE, B.M.**
STREET ADDRESS **11000 SW 57 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SV** ☐ Delete

NAME **LEVINE, MARY H.**
STREET ADDRESS **6000 SW 118TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition

NAME **Levine Bm**
STREET ADDRESS **266 S. Coconut Lane**
CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **SV** ☒ Change ☐ Addition

NAME **Levine, Mary H**
STREET ADDRESS **266 S. Coconut Lane**
CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/3

305-674-0009

Date

Daytime Phone #