


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0066268 AV

DOCUMENT # 587543	
1. Entity Name FLORIDA EVERGREEN FOLIAGE, INC.	

APPROVED
AND
FILED

03 OCT -6 PM 3:45

Principal Place of Business 17350 SW 200 ST MIAMI FL 33186	Mailing Address 15150 SW 164 TR MIAMI FL 33187
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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REINSTATEMENT 2003
CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 59-1856565	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHANG, LOUIS 14936 SW 104 ST MIAMI FL 33196
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7. Name and Address of New Registered Agent Name CHRISTOPHER CHANG Street Address (P.O. Box Number is Not Acceptable) 15150 SW 164 TR City MIAMI FL Zip Code 33187

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 <u>Christopher Chang</u> CHRISTOPHER CHANG 10/1/03 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	<input type="checkbox"/> Delete
P CHANG, LOUIS 14936 SW 104 ST MIAMI FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
S CHANG, PHYLLIS 14936 SW 104 ST MIAMI FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V CHANG, CHRISTOPHER 15150 SW 164 TR MIAMI FL 33187	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
V EVELYN, ULMARIE 9780 SW 128TH ST MIAMI FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
500023584275 10/06/03--01048--013 #750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Christopher Chang</u> CHRISTOPHER CHANG 10/1/03 305-232-1656 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>

CR2E034 (4/03)