

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90775 019 \*\*\*150.00

**DOCUMENT # 664435**

1. Entity Name  
**7TH AVE. GARDENS, INC.**



Principal Place of Business  
**C/O BERNARD V. MAZZEO-**  
**8900 SW 117 AVENUE STE 104B**  
**MIAMI FL 33186**  
**US**

Mailing Address  
**C/O BERNARD V. MAZZEO-**  
**8900 SW 117 AVENUE STE 104B**  
**MIAMI FL 33186**  
**US**



2. Principal Place of Business  
**C/O B.V. Mazzeo & Co., CPAs**  
 Suite, Apt. #, etc.  
**13501 SW 128 St, Ste 103**

3. Mailing Address  
**C/O B.V. Mazzeo & Co., CPAs**  
 Suite, Apt. #, etc.  
**13501 SW 128 St, Ste 103**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **59-1983242**

Applied For  
 Not Applicable

Zip **33186** Country

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

**6. Name and Address of Current Registered Agent**

~~REISMAN, JOSEPH B.~~  
~~1 SE 3RD AVE SUITE 3050~~  
~~MIAMI FL 33131~~

**7. Name and Address of New Registered Agent**

Name **Steven Oppenheim**  
 Street Address (P.O. Box Number is Not Acceptable)  
**800 Brickell Ave., Suite 1115**  
 City **Miami** FL Zip Code **33131**

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 *Steven Oppenheim* **STEVEN OPPENHEIM** **4-15-02**  
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 Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>RIBA, ANTONIO</b>	
STREET ADDRESS	<b>1 SE 3RD AVE SUITE 3050</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000 33131</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>RIBA, RAMON</b>	
STREET ADDRESS	<b>1 SE 3RD AVE SUITE 3050</b>	
CITY-ST-ZIP	<b>MIAMI, FL 00000 33131</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REISMAN, JOSEPH B.</b>	
STREET ADDRESS	<b>1 SE 3RD AVE SUITE 3050</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OPPENHEIM, STEVEN</b>	
STREET ADDRESS	<b>800 BRICKELL AVE, STE 1115</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Steven Oppenheim* **ASST. SECRETARY** **STEVEN OPPENHEIM** **4-15-02** **305-371-8555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)