2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704936 1. Entity Name GARDENIA TERRACE, INC.					Apr 07, 2001 8:00 am Secretary of State 04-07-2001 90029 009 ****61.25					
Principal Plac	ce of Business	Mailing Address								
2330 NE 36 STREET LIGHTHOUSE PT FL 33064		2330 NE 36 STREET LIGHTHOUSE PT FL 33064			D0032692					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number 65-0261247 Applied For Not Applicable					
Z p	Country	Zip	Country	 -	- 5 . Certificate o	of Status Desired	□ -\$!	B.75 Ad		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and	Address of New R	egistered Ag	ent		
DORIS, N	MARTIN					P.O. Box Number is Not Acceptable)				
2330 NE 36 ST LIGHTHOUSE PT FL 33064										
LIGHTHO	03E FT FL 33004		City				FL	Zip Cod	le	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: FEE IS \$61.25 9. Election Ca Trust Fund				\$5.0 (Added	O May Be to Fees	Dep	Check Papartment of	f State		
10.	OFFICERS AND DIRE		11.			NGES TO OFFICER				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zappone, Joseph M. 2330 N.E. 36TH Street, #7 Lighthouse Pt, Fl 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	50 A 2330	LDINA, NE 363 THOUSE	PAUL T. #5	٨	Change	☐ Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	S Martin, doris -2330 NE 36th St, #10	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		-] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 TD WISSIG, CAROLE 2330 NE 36TH ST #2 LIGHTHOUSE POINT FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEMERISE, GARY A 2330 NE 36 ST #8 LIGHTHOUSE PT, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLASKY, RICHARD 2330 NE 36 ST, #12 LIGHTHOUSE POINT FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZA 233 LIGH	PPONE ONE 36 S THOUSE	JOSEPH ST. FLA] Change	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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 954-785-8133

Daytime Phone #