

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
 03-05-2001 90312 018 ***150.00

0230925

DOCUMENT # K37048

1. Entity Name
OUTDOOR GARDENS, INC.

Principal Place of Business

1961 NE 147 TERR
 N MIAMI FL 33181
 US

Mailing Address

1961 NE 147 TERR
 N MIAMI FL 33181
 US

2. Principal Place of Business

1318 N Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

1318 N Dixie Hwy

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

Zip

33020

Country

Broward

City & State

Hollywood FL

Zip

33020

Country

Broward

4. FEI Number

65-0082247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HAGEN, MAX M.
 HAGEN AND HAGEN
 3990 SHERIDAN ST. #104
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Ed Washecka**

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

5721 NW 74 AVE

City **TAMARAC**

FL

Zip Code **33321**

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 *Edward Washecka*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/01

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BLECHMAN, DONALD	
STREET ADDRESS	1961 NE 147 TERR	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLECHMAN, MANYA G.	
STREET ADDRESS	1961 N.E. 147 TERRACE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLOAN, JON	
STREET ADDRESS	3742 S LONGFELLOW CT	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHMAN, DONALD	
STREET ADDRESS	1318 N DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SECRETARY, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHMAN, MANYA	
STREET ADDRESS	1318 N DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PRESIDENT DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, JON	
STREET ADDRESS	1318 N DIXIE HWY	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)