2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L20387 1. Entity Name BONSAI BEAUTIFUL, CORP. 02 AUG -8 AM 11:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8400 PASADENA BLVD 8400 PASADENA BLVD PEMBROKE PINES FL 33024-3450 PEMBROKE PINES FL 33024-3450 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 Applied For 20-9244256 Not Applicable . Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SELIGMAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 8400 PASADENA BLVD PEMBROKE PINES FL 33024-3450 City Zip Code 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SELIGMAN, JERRY NAME NAME STREET ADDRESS 8400 PASADENA BLVD STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33024-3450 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition ☐ Change SELIGMAN, RENA NAME STREET ADDRESS 8400 PASADENA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024-3450 TITLE Delete TITLE ☐ Change Addition NAME SELIGMAN, LEE NAME 700007072767---08/13/02--01035--<u>0</u>05 STREET ADDRESS STREET ADDRESS 3900 N 45TH AVE CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP ****150.00 ****150.00 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

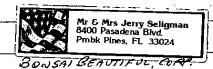
SIGNATURE:

SIGNATURE REQUERRESELIEMAN

85-02

954-432-7919

Attachment DIVISION OF CORPORATIONS 4- (20387 UNIFORM BUSINESS REPORT FILINGS P.O. Box 1500 TALLAHASSEE FL. 32302-1500 DEAR SIRS L HAVE BEEN IN MEMORIAL REGIONAL HOSPITAL FOUR TIMES IN THE PAST SEVERAL MONTHS, HREE OF THOSE VISITS INVOLVED SURGERY IN MY HEART 1HIS LAST TRIP WAS FOR PANCREATITIS DURING THIS TIME WE DID NOT 2002 UNIFORM BUSINESS REPORT FORMS, L NOTICED ONE MISSING AND CALLED YOUR OFFICE, RECEIVED A RE PLACEMENT AND FILED IT. WE RECEIVED NOTHING FOR BONSAL BEAUTIFUL LORP. UNTIL NOW REQUESTING \$550.00 FILING FEE. THIS IS OUT OF THE QUESTION. WE SELL BONSAI TREES AT 5 OR 6 PLANT/CRAFT SHOWS AND DON'T EVEN TAKE IN THIS KIND OF MONEY. WE WOULD BE GRATEFUL IF YOU CAN CORRECT DUR SITUATION, I AM ENCLOSING \$150.00 CHECK. IF CORRECTED KINDLY RETURN OUR AND WE WILL JUST HAVE TO DISSOLVE OUR CORPORATION



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