NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NOS192

1. Entity Name

33129

Friends of the Japanese Garden, INC.



FILED Jul 16, 2004 8:00 am **Secretary of State**

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2. Principal Place of Business 3. Mailing Address 2333 Brickell Ave., same Suite, Apt. #, etc. Suite, Apt. #, etc. Ste.417, City & State City & State 4. FEI Number Miami FL

Zip

44048953

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

DO NOT WRITE IN THIS SPACE

Agnes Youngblood

Country

USA

	7. Name and	Address of Current	Registered Agent
Vame	Agnes	Youngbloo	d

5. Certificate of Status Desired

#59-2616103

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

2333 Brickell Ave., Ste. 417

Miami

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.	am familiar with, and accept
	the obligations of registered agent.	

Country

<u>7/</u>13/2004

FEE IS \$61.25 initial or Amended UBR 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS TITLE President TITLE CR2E037B (12/02 Agnes Youngblood NAME 2333 Brickell Ave., Ste. 417 STREET ADDRESS STREET ADDRESS 33129 FLCITY-ST-ZIP Miami, CITY-ST-ZIP Secretary TITLE Constance J. Stieger 7400 S.W. 63rd Avenue NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL33143 CITY-ST-ZIP Miami, TITLE Treasurer TITLE Wiltrud Georges 920 N.E. 121st Street NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE FL33161 CITY-ST-ZIP Miami, CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Aques toungblood 7/13/2004 305.858.5016