2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N05192 1. Entity Name

FRIE	NDS	OF	THE	JAPANESE	GARDEN,	INC.
------	-----	----	-----	-----------------	---------	------



Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90173 005 ****61.25

				7				
Principal Plac 2333 BRICKEL MIAMI FL 3312 US		Mailing Address 2333 BRICKEL AVE #417 MIAMI FL 33129 US						
	Place of Business	3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			[7] CHECK HERE IF MAKING CHANGES			
0: 00:								
City & Stat	e	City & State		4. FEI Number 59	4. FEI Number 59-2616203		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required				
	6. Name and Address of Current F	legistered Agent		7. Name and Add	ess of New Registered A	gent		1
VOLBIOD	1000 40450		Name				_	
	LOOD, AGNES CKLELL AVE		Street Address		(P.O. Box Number is Not Acceptable)			
UNIT 417					·			1
MIAMI FL	38129		City		FL	Zip Cod	e	1
	named entity submits this statement for	the purpose of changing its re	gistered office or regi	istered agent, or both, in t		miliar with,	and accept	1
the obligat	ions of registered agent.							Į
SIGNATURE .	AGNES YOUNG	36600D	THE		Ophil	24	2003	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: R	legistered Agent signature red	quired when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor	· · · ·	\$5.00 May Be Added to Fees	Make Check Florida Departi			1
10.	OFFICERS AND DIR	CTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNGBLOOD, AGNES 2333 BRICKELL AVE., #417 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	(00/04/ 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STIEGER, CONSTANCE 7400 S.W.L 63RD AVE. MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Change	☐ Addition	1500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEORGES, WILTRUD 920 NE 121ST ST. APT. B BISCAYNE PARK FL 33161-6454	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	1`
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE		☐ Delete	TITLE	<u></u>		☐ Change	Addition	1

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

april 14, 2003 305-858-5016