

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90014 047 \*\*\*\*61.25

**DOCUMENT # N96000004647**

1. Entity Name

**PRESERVE THE JUNGLE, INC.**

Principal Place of Business

Mailing Address

**2601 S. BAYSHORE DRIVE, STE. 1146  
 MIAMI FL 33133**

**2601 S. BAYSHORE DRIVE, STE. 1146  
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0695877**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATZNER, GARY C  
 2601 S. BAYSHORE DRIVE, STE. 1146  
 MIAMI FL 33133**

Name

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

City

**FL**

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.

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MATZNER, GARY C</b>	
STREET ADDRESS	<b>5880 S.W. 97TH ST.</b>	
CITY-ST-ZIP	<b>PINECREST FL 33156</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LEMONS, NATALIE</b>	
STREET ADDRESS	<b>9950 S.W. 73RD AVE.</b>	
CITY-ST-ZIP	<b>PINECREST FL 33156</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLOWACKI, ROBERT</b>	
STREET ADDRESS	<b>7291 S.W. 117TH TERR.</b>	
CITY-ST-ZIP	<b>PINECREST FL 33156</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLOWACKI, ROBERT</b>	
STREET ADDRESS	<b>7291 S.W. 117 TERR</b>	
CITY-ST-ZIP	<b>PINECREST FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARTIN, STEFANI</b>	
STREET ADDRESS	<b>5845 SW 108TH ST.</b>	
CITY-ST-ZIP	<b>PINECREST FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>UNDERWOOD, JOHN</b>	
STREET ADDRESS	<b>6000 KILLIAM DR.</b>	
CITY-ST-ZIP	<b>PINECREST FL 33156</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAKSHLAG, STANLEY</b>	
STREET ADDRESS	<b>4505 SW. 131 STREET</b>	
CITY-ST-ZIP	<b>PINECREST, FL 33156</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMBERGER, HARRY</b>	
STREET ADDRESS	<b>10640 S.W. 60 COURT</b>	
CITY-ST-ZIP	<b>PINECREST, FL 33156</b>	
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		

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:

**GARY C. MATZNER** 4/25/2002 305-250-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)