

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000013748**

1. Entity Name

**ISLAND GARDENS, INC.**

Principal Place of Business

**15541 S.W. 156TH AVE.  
MIAMI FL 33187**

Mailing Address

**15541 S.W. 156TH AVE.  
MIAMI FL 33187**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEE Number

**65-098-1732**

Applied For

Not Applicable

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

**CHUNG, VIRGINIA E  
15541 S.W. 156TH AVE.  
MIAMI FL 33187**

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.

(NOT)

Registered Agent's signature required when reinstating.

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHUNG, VIRGINIA E 15541 S.W. 156TH AVE. MIAMI FL 33187</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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: *Virginia Chung*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / A DIRECTOR

Daytime Phone #

*Virginia Chung - VIRGINIA CHUNG - PRESIDENT 7/25/01 305-255-8561*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG -1 AM 10:03



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)