

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90492 029 ***150.00

DOCUMENT

1. Entity Name

THE SECRET IN THE GARDEN II IN, INC.

Principal Place of Business

Mailing Address

*56 1/2 CHARLOTTE ST.
 ST. AUGUSTINE
 FL 32084*

*700 SE 5th CT
 FT. LAUDERDALE
 FL 32084*

2. Principal Place of Business

3. Mailing Address

56 1/2 CHARLOTTE ST.

700 SE 6th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. AUGUSTINE, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

32084

USA

33301

USA

4. FEI Number

Applied For

65-1000231

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

*EVA M. OKEN
 700 SE 6th COURT
 FT. LAUDERDALE, FL 33301*

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] / EVA M. OKEN

5-14-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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!

After MAY-1, 2001

FEE IS \$150.00

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 ☐ Delete
 NAME *PRESIDENT*
 STREET ADDRESS *EVA M. OKEN*
 CITY-ST-ZIP *700 SE 6th CT*
FT. LAUDERDALE, FL 33301

TITLE ☐ Delete
 NAME *VICE PRESIDENT*
 STREET ADDRESS *ESTEBAN ALVAREZ*
 CITY-ST-ZIP *700 SE 6th CT*
FT. LAUDERDALE, FL 33301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] / EVA M. OKEN 5-14-01 984-5531705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)