

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000037427

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: THE SECRET IN THE GARDEN INN, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

700 SE 6TH CT
FORT LAUDERDALE, FL 33301

New Mailing Address:

12101 WEST SUNRISE BLVD
PLANTATION, FL 33323

FEI Number: 65-1000231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKEN, EVA M
700 SE 6TH CT
FORT LAUDERDALE, FL 33301

Name and Address of New Registered Agent:

OKEN, EVA M
12101 WEST SUNRISE BLVD
PLANTATION, FL 33323

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: EVA M. OKEN

05/01/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: OKEN, EVA M
Address: 700 SE 6TH CT
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VTD () Delete
Name: ALVAREZ, ESTEBAN
Address: 700 SE 6TH CT
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: OKEN, EVA M
Address: 12101 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33323

Title: VTD (X) Change () Addition
Name: ALVAREZ, ESTEBAN
Address: 12101 WEST SUNRISE BLVD
City-St-Zip: PLANTATION, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA M. OKEN

PSD

05/01/2002

Electronic Signature of Signing Officer or Director

Date