

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #

800 000092691

1. Entity Name

EXOTIC GARDENS BANQUET HALL, INC.

03 JAN 29 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7590 N.W. 186 St.

3. Mailing Address

7590 NW 186 St.

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-1053102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

OLGA PANDOO

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

16525 NW 79 Ave

City

MIAMI LAKES

FL

Zip Code

33016

**DO NOT WRITE  
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE P/S/T  
NAME OLGA PANDOO  
STREET ADDRESS 16525 NW 79 Ave.  
CITY-ST-ZIP MIAMI LAKES, FL 33016-8400

TITLE VP  
NAME EMILIO PANDOO  
STREET ADDRESS 16525 NW 79 Ave.  
CITY-ST-ZIP MIAMI LAKES, FL 33016-8400

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 23, 2003

97 1/25

CR25024R (12/01)