FILED May 21, 2002 8:00 am Secretary of State 05-21-2002 90891 027 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #POLOCOCOC			
BJ'S RAINBOW GARDEN, JW			
DO NOT WRITE IN TH			
2. Principal Place of Business 2035 13 Th Arenus 2035 Suite, Apt. #, etc. Suite, Apr.	5 131 Avenue	DO NOT WRITE IN THIS SPA	CE
VCity & State VEYED BENEF FL VEYED Zip Country Zip	BAZH FZ	4. FEI Number 65-1065908	Applied For Not Applicable
32961 329	26/ ·		e Required
DO NOT WRITE IN THIS SPACE City Verw Beach 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			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Canuary May Fee is \$150.00			
11. OFFICERS AND DIRECTORS			
NAME BETTY JEAN VALGHW STREET ADDRESS Z 035 13 M AVENUE CITY-ST-ZIP VERW BEACH FL 3290	NAME STREET ADDRESS (CITY_ST-2P)		334B (12/01
TITLE D NAME theyman I thughth STREET ADDRESS 2035 13 TO Avanue CITY-ST-ZIP 1 200 R 200 M- 5 - 3-756	TITLE CONTROL OF THE		CR2E034B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME SIRET ADDRESS CITY ST: 2D	DO NOT WRIT	ACCOUNT OF THE PARTY OF THE PAR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MMC MAG STATE OF THE STATE OF T	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS GUTY-ST-12P		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE MADE NAME STREET ADDRESS GTTY-ST: 2P		
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOOT DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOOT DIRECTOR Date Daving Proper			