

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90071 005 \*\*\*150.00

**DOCUMENT # P01000031541**

1. Entity Name  
**ANGELICA'S GARDEN, INC.**



Principal Place of Business  
**3017 NE 21ST TERRACE  
FORT LAUDERDALE FL 33306**

Mailing Address  
**P.O BOX 70312  
FORT LAUDERDALE FL 33307**

00010430



2. Principal Place of Business  
**3017 NE 21st terrace**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 11673**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**FT. Lauderdale FL**  
Zip  
**33306** Country  
**Broward**

City & State  
**FT. Lauderdale FL**  
Zip  
**33339-1073** Country  
**Broward**

4. FEI Number **65-1091391**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PAPPAS, FRANCES  
6807 COLLEGE CT.  
DAVE FL 33317**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PS  
PAPPAS, FRANCES  
6807 COLLEGE CT.  
DAVE FL 33317** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT  
PAPPAS, ALICE  
6807 COLLEGE CT.  
DAVE FL 33317** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SHAN HOLLOKKE~~  
~~6807 COLLEGE CT.~~  
~~DAVE FL 33317~~ ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~SHAN HOLLOKKE~~  
~~6807 COLLEGE CT.~~  
~~DAVE FL 33317~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Shan Hollokken  
6807 College Ct.  
DAVE FL 33317** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Shan Hollokken** **3/31/03**

Date

Daytime Phone #

CR2E034 (10/02)