

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90147 037 ***150.00

DOCUMENT # P02000001023

1. Entity Name
MANDE'S GARDEN COMPANY



Principal Place of Business
**3000 SOUTH OCEAN DR., #12G
HOLLYWOOD FL 33019**

Mailing Address
**3000 SOUTH OCEAN DR., #12G
HOLLYWOOD FL 33019**

2. Principal Place of Business
130 Golden Isles Dr
Suite, Apt. #, etc. **D**

3. Mailing Address
PO Box 85296
Suite, Apt. #, etc.

City & State
Hallandale-Florida

City & State
Hallandale FL

4. FEI Number **80-0035351**

Applied For
Not Applicable

Zip **33009** Country **USA**

Zip **33008** Country **USA**

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

6. Name and Address of Current Registered Agent

GROSS, E.A.
**3000 SOUTH OCEAN DR., #12G
HOLLYWOOD FL 33019**

7. Name and Address of New Registered Agent

Name **Gross, E.A.**
Street Address (P.O. Box Number is Not Acceptable)
130 Golden Isles Dr/D
City **Hallandale** FL Zip Code **33009**

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 **Elizabeth Gross - Pres. (MGC)**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **2/4/03**

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 Pres	<input type="checkbox"/> Delete
NAME Elizabeth Gross	
STREET ADDRESS 130 Golden Isles Dr/D	
CITY-ST-ZIP Hallandale FL 33009	
TITLE Vice-President	<input type="checkbox"/> Delete
NAME Marc Gross	
STREET ADDRESS 130 Golden Isles Dr/D	
CITY-ST-ZIP Hallandale FL 33009	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Elizabeth Gross**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/4/03** DAYTIME PHONE # **954 457 4632**

CR2E034 (10/02)