

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENTS FOR THE YEAR
1999.

FILED

00 JAN 20 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000021111

Corporation Name

GARDEN PLAZA, INC.

Principal Place of Business

Mailing Address

771 MARSEILLE DRIVE
MIAMI BEACH, FL. 331418610 SW 21 ST.
MIAMI, FL. 33155

REINSTATEMENT

3. Date Incorporated or Qualified
03/15/94

Principal Place of Business

2a. Mailing Address

1771 MARSEILLE DRIVE

26 8610 SW 21 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

28 MIAMI, FL.

Zip Country

33141

25

Zip Country

29 33155

30

4. FEI Number

65-0477773

Applied **SP**
Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARIA ELVIRA MURPHY
1771 MARSEILLE DRIVE
MIAMI BEACH, FL. 33141

81 Name

82 MARIA ELVIRA MURPHY
Street Address (P.O. Box Number is Not Acceptable)
1771 MARSEILLE DRIVE

83

84 City

MIAMI BEACH

FL

85 Zip Code
33141

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

MARIA ELVIRA MURPHY

01/18/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

E P/V/S/T/D ☐ DELETE
E MARIA ELVIRA MURPHY
EET ADDRESS 8610 SW 21 ST.
E-ST-ZIP MIAMI, FL. 331551.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP000003114110--4
-01/28/00--01031--007E ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

***908.75 ***908.75

E ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionE ☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionE ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ AdditionE ☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARIA ELVIRA MURPHY

01/18/200

(305)266-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #