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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000032693

BAMBOO GARDEN II, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90030 030 ***150.00



Principal Place	e of Business	Mailing Address		I (BOILES) (1.8 (ELE) STITE ABIST BOTH	• ************************************
13195 BISCAYN	IE BLVD.	13195 BISCAYNE BLVD.			
NORTH MIAMI		NORTH MIAMI FL 33181			
					E IN THIS SPACE
				 Date Incorporated or Qualifed 04/26/1995 	
a Discipal D	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
——————————————————————————————————————	lace of Busiliess	⊢		65-0581822	Not Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.			\$8.75 Additional
22	, 610.	27	•	5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	-	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	nt year intangible
24	25 .	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Re	egistered Agent
	- Proj. 53: 3	and the state of t	81 Name		Į
	, MOW Y		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole) ,
	5 BISCAYNE BLVD.			1 13 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 1
NOH	TH MIAMI FL 33181	•	83		
	.		84 City	15 2 Cur + 3 - 4 C B C C C 235	85 Zip Code
was an argon arriva	the server of the	with the control of t	1		FL T
.11. Pursuant	to the provisions of Sections 607.0	ite of Florida. Such change was au	itnonzea by the corporal	rporation submits this statement for the ption's board of directors. I hereby accept	the appointment as registered
office or r agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flori	ida Statutes.		
agent. I a	m familiar with, and accept the obli	igations of, Section 607.0505, Flori	ida Statutes.		·
office or r agent. I a SIGNATURE	m familiar with, and accept the obling familiar with, and accept the obling familiar with familiar with an accept the obline familiar with an accept the obline familiar with, and accept the obline familiar with a complete familiar with a c	igations of, Section 607.0505, Flori	ida Statutes. Registered Agent signature requi	red when reinstating)	DATE
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14. 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.