

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90734 004 \*\*\*150.00

**DOCUMENT # P97000098140**

1. Entity Name  
**VITA GARDENS, CORP.**

Principal Place of Business  
**8923 LAKES BLVD.**  
**WEST PALM BEACH FL 33412**

Mailing Address  
**8923 LAKES BLVD.**  
**WEST PALM BEACH FL 33412**

BULGARIAN



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**205 WORTH AVENUE**

3. Mailing Address  
**C/O PHILIPPE BRIAN 205 WORTH AVE**

Suite, Apt. #, etc.  
**307C**

Suite, Apt. #, etc.  
**307C**

City & State  
**PALM BEACH**

City & State  
**PALM BEACH**

4. FEI Number  
**65-0798849**

Applied For  
☐ Not Applicable

Zip  
**33480**

Country  
**PALM BEACH**

Zip  
**33480**

Country  
**PALM BEACH**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PHILIPPE, BRIAN J**  
**4411 BEACON CIRCLE**  
**SUITE 1A**  
**WEST PALM BEACH FL 33407**

Name  
**PHILIPPE J. BRIAN**

Street Address (P.O. Box Number is Not Acceptable)  
**205 WORTH AVENUE**

**SUITE 307C**

City  
**PALM BEACH**

FL Zip Code  
**33480**

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 Philippe J. Brian **PHILIPPE J. BRIAN** **04-26-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **BUYUK, GUROL**  
STREET ADDRESS **8923 IBIS LAKES BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **DPST** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

SIGNATURE: Gurol Buyuk **GUROL BUYUK** **04-24-02** **(561) 835-1111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0261136 AV

CR2E034 (9/01)