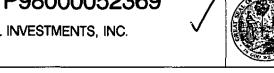
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000052369

1. Entity Name
GARDENS COMMERCIAL INVESTMENTS, INC.

changed, or on an attachment with ap-

SIGNATURE:



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91465 043 \*\*\*150.00

Principal Place of Business 1380 N.E. MIAMI GARDENS DR., STE, 250 NORTH MIAMI BEACH FL 33179		Mailing Address 1380 N.E. MIAMI GARDEN NORTH MIAMI BEACH FL		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0919554 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent
COHEN, LEWIS R  1399 S.W. 1ST AVENUE THIRD FLOOR  MELLON UNITED NATIONAL BANK BUILDING  MIAMI FL 33130  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.				
SIGNATURE ————————————————————————————————————				
FIXE 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. Added to Fees				
10.	g	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRAYND, PAUL 560 N.W. 1657A STREET RØA MIAMI FLAS169	Delete  Delete	STREET ADDRESS 138	UL Fraynd BO NE Mianui Bardens Dr. #250 Th Mianui Beach, PL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD FRAYND, SAUL 560 M.W. 168TH STREET ROA MAMI FL 33169	□ Delete  E, SUPTE 30€	NAME 20	SD WE Fraynd O DE Mary Gardens Dr. #250 1th Mary Beach, PL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Change Addition  ONE CHANN GARdens Drive, #250  THO MANN BEACH, PL 33179  Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 accordate 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if				