

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90119 032 ***158.75

DOCUMENT # P98000091532

1. Entity Name

GARDEN OF DREAMS, INC.

DBA Roundtable Resources

Principal Place of Business

11950 NW 39 STREET
 SUITE D
 POMPANO BEACH FL 33065
 US

Mailing Address

2545 E SUNRISE BLVD
 #235
 FORT LAUDERDALE FL 33304
 US

2. Principal Place of Business

2545 E. Sunrise

3. Mailing Address

same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

235

City & State
 FT. LAUD. FL

City & State

4. FEI Number 65-0875425

Applied For

Not Applicable

Zip
 33304

Country
 USA

Zip

Country

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

BURSON, ERNEST N III
 11950 NW 39 STREET SUITE D
 POMPANO BEACH FL 33065

Name

Kimberli Swann

Street Address (P.O. Box Number is Not Acceptable)

2825 CORAL SHORES DR.

City

Fort Lauderdale FL FL

Zip Code

33306

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

K Swann Pres.

4-18-01

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPST
 BURSON, ERNEST N III
 2825 CORAL SHORES DRIVE
 FORT LAUDERDALE FL 33306 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 Kimberli SWANN
 2825 CORAL SHORES DR
 FT. LAUD. FL 33306 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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

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:

K Swann Pres.

Kimberli Swann

4-18-01

(954) 5646459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)