

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

Mar 31, 2000 8:00 am  
Secretary of State

03-31-2000 90098 012 \*\*\*150.00

DOCUMENT # P99000040333

1. Entity Name

GARDEN PLEASURES, INC.

Principal Place of Business

3850 COCO GROVE AVENUE  
COCONUT GROVE FL 33133

Mailing Address

3850 COCO GROVE AVENUE  
COCONUT GROVE FL 33133-6120

2. Principal Place of Business

9492 South Dixie Hwy  
Suite, Apt. #, etc.  
Miami, FL 33156  
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33156

Country

USA

Zip

Country

4. FEI Number

65-0916129

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, FRANKLIN J  
5825 SUNSET DRIVE  
SUITE 203  
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name SANDRA L. Douglas  
Street Address (P.O. Box Number is Not Acceptable)  
9492 South Dixie Hwy.  
City miami FL Zip Code 33156

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

*Sandra L. Douglas*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/00

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, SANDRA L	
STREET ADDRESS	3850 COCO GROVE AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Sandra L. Douglas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00

Date

Daytime Phone #

CR2E034 (9/99)