

2000 UNIFORM BUSINESS REPORT (UBR)

Unaudited annual report \$61.25

DOCUMENT # **707788**
 Entity Name
Isle of Paradise "E" Inc.

FILED
00 MAR 13 PM 3:48
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
465 Paradise Isle Blvd. same
Hallandale Beach, Fl. 33009-5893

Principal Place of Business 3. Mailing Address
above **above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
above **above**
 Zip Country Country

4. FEI Number **59-1091811** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Charles G. Lamb
465 Paradise Isle Blvd. #207
Hallandale Beach, Fl. 33009-5893

7. Name and Address of New Registered Agent
 Name
James M. Canavan
 Street Address (P.O. Box Number is Not Acceptable)
465 Paradise Isle Blvd #307
 City **Hallandale Beach** FL Zip Code **33009-5893**

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 *[Signature]* **James M. Canavan, President** (NOTE: Registered Agent signature required when reinstating) DATE **3-10-00**

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME 1st VPD Luigi Avveniri <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP 465 Paradise Isle Blvd. #301 Hallandale Beach, Fl. 33009-5893	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STD Leah Vishno <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP 465 Paradise Isle Blvd. #103 Hallandale Beach, Fl. 33009-5893	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD James Canavan <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP 465 Paradise Isle Blvd. #307 Hallandale Beach, Fl. 33009-5893	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank] <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME [Blank] <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME President James Canavan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP 465 Paradise Isle Blvd #307 Hallandale Beach, Fl 33009-5893	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 2nd vice president Director Gerard Collett <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP 465 Paradise Isle Blvd #109 Hallandale Beach, Fl 33009-5893	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 3rd vice president Director Basil Peccoraro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP 465 Paradise Isle Blvd #110 Hallandale Beach, Fl 33009-5893	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **James M. Canavan, President** Date **3-10-00** Daytime Phone # **954 456 8794**

CR2E037 (9/99)

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