

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90013 001 ****61.25

DOCUMENT # 707788

1. Entity Name

ISLE OF PARADISE "E", INC.

Principal Place of Business

465 PARADISE ISLE BLVD
HALLANDALE FL 33009

Mailing Address

465 PARADISE ISLE BLVD
HALLANDALE FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1091811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANAVAN, JAMES M
465 PARADISE ISLE BLVD. #307
HALLANDALE BEACH FL 33009-5893

7. Name and Address of New Registered Agent

Name
PECCORARO, BASIL
Street Address (P.O. Box Number is Not Acceptable)
465 PARADISE ISLE BLVD #110

City
HALLANDALE FL Zip Code
33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AVVENIRI, LUIGI 465 PARADISE ISLE BLVD., #301 HALLANDALE BEACH FL 33009-5893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VISHNO, LEAH 465 PARADISE ISLE BLVD #103 HALLANDALE BEACH FL 33009-5893	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANAVAN, JAMES 465 PARADISE ISLE BLVD., #307 HALLANDALE BEACH FL 33009-5893	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLETT, GERARD 465 PARADISE ISLE BLVD., #109 HALLANDALE BEACH FL 33009-5893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PECCORARO, BASIL 465 PARADISE ISLE BLVD., #110 HALLANDALE BEACH FL 33009-5893	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERRUOLO, EDWARD # 465 PARADISE ISLE BLVD # 203 HALLANDALE FL 33309-5893	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIMBALL, ROBERT 465 PARADISE ISLE BLVD #202 HALLANDALE FL 33309-5893	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PECCORARO, BASIL 1-29-01 954-476-2453

Date

Daytime Phone #

CR2E037 (10/00)