

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90383 041 ****61.25

DOCUMENT # 707788

1. Entity Name

ISLE OF PARADISE "E", INC.

Principal Place of Business

Mailing Address

**465 PARADISE ISLE BLVD
HALLANDALE FL 33009**

**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

4. FEI Number

59-1091811

Applied For

Not Applicable

Zip

Country

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

**PELLORAD, BASIL
465 PARADISE ISLE BLVD.
110
HALLANDALE FL 33309**

Name

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

City

FL

Zip Code

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
AWENIRI, LUIGI
465 PARADISE ISLE BLVD., #301
HALLANDALE BEACH FL 33009-5893 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BASIL PECORARO
465 PARADISE ISLE (110)
HALLANDALE BEACH FL 33009 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
FERRUOLO, EDWARD
465 PARADISE BLVD. # 203
HALLANDALE FL 33309-5893 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THERESA SEMKO
SAME (304) ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
KIMBALL, ROBERT
465 PARADISE ISLE BLVD. # 202
HALLANDALE FL 33309-5893 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERT + BIDDLE
SAME 206 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
COLLETT, GERARD
465 PARADISE ISLE BLVD., #109
HALLANDALE BEACH FL 33009-5893 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JANE STUBBS
SAME #307 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
PECCORARO, BASIL
465 PARADISE ISLE BLVD., #110
HALLANDALE BEACH FL 33009-5893 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERTA BENTRANQ
SAME 309. ☐ 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 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:

Basil Pecoraro **BASIL PECORARO** 4-9-2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)