


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90159 017 ****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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

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

VISHNO, LEAH
465 PARADISE ISLE BLVD.
103
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
~~CARMELLO~~ **CONSTANTINO, CARMELO**

Street Address (P.O. Box Number is Not Acceptable)
465 PARADISE ISLE BLVD #108

City
HALLANDALE BEACH FL Zip Code
33009-5893

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carmelo Constantino* **CARMELO CONSTANTINO** **2-3-03**

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BERTRAND, ROBERTA 465 PARADISE ISLE #309 HALLANDALE BEACH FL 33009-5893	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SEMKO, THERESA 465 PARADISE ISLE #204 HALLANDALE FL 33309-5893	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BIDDLE, ROBERT 465 PARADISE ISLE #206 HALLANDALE FL 33309-5893	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STUBBS, JANE 465 PARADISE ISLE #307 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D COSTANTINO, CARMELO 465 PARADISE ISLE BLVD #108 HALLANDALE BEACH, FL 33009-5893	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AVVENIRI, LUIGI 465 PARADISE ISLE BLVD #301 HALLANDALE BEACH, FL 33009-5893	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLETT, GEORGE 465 PARADISE ISLE BLVD #109 HALLANDALE BEACH, FL 33009-5893	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VISHNO, LEAH 465 PARADISE ISLE BLVD #103 HALLANDALE BEACH, FL 33009-5893	<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

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: *Leah Vishno* **LEAH VISHNO, SECY 2-3-03 954-415-1443**

CR2E037 (10/02)