2002 UNIFORM BUSINESS REPORT (UBR)

Mar 05, 2002 8:00 am Secretary of State **DOCUMENT # 711189** 1. Entity Name 03-05-2002 90063 005 ****61.25 PARADISE HARBOUR APTS, INC. Principal Place of Business Mailing Address 300 GOLDEN ISLES DR. 300 GOLDEN ISLES DR. HALLANDALE FL 33009 HALLANDALE FL 33009 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1170609 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAW OFFICES OF ERIC M. GLAZER, P.A. 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR Zip Code HALLANDALE FL 33009 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD **▼** Addition Change TITLE Delete TITLE KOVACS, ZLATA NAME MAYA, baston NAME 300 bolden Isles DR. STREET ADDRESS STREET ADDRESS 300 GOLDEN ISLES DRIVE CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP HALLANDALE FL 33009 Change D ☐ Delete TITLE Addition TITLE KOUACS, ZLATA MORAN, DAN NAME . NAME 3000 GOLDEN ISLES DRICE STREET ADDRESS 300 GOLDEN ISLES DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALL ANDALE, FL 33009 HALLANDALE FL 33009 Delete ☐ Change Addition TD TITLE SD QUEENAN, MARIE SCHEINER, H. NAME NAME STREET ADDRESS 300 GOLDEN ISLES, DR. STREET ADDRESS 300 GOLDEN ISLES DR CITY-ST-ZIP CITY-ST-ZIP HALLAND ALE, FL 33009 HALLANDALE FL 33009 ☐ Change Addition TITLE ☐ Delete TITLE Loe Tocher, CHERYL 300 bolden Isles DR. TREMBLAY, YVES NAME NAME STREET ADDRESS 300 GOLDEN ISLES DR STREET ADDRESS HALLANDALL, FL 33009 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Delete ☐ Addition ☐ Change PD TITLE TITLE SCARBERRY, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 300 GOLDEN ISLES DR CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 ☐ Addition ☐ Delete TITLE Change TITLE AMBROSINO, H NAME NAME 300 GOLDEN ISLES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

+ 2/13/08

4 9-35 - 2082

FILED