


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

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90084 029 ****61.25

DOCUMENT # 711189

1. Entity Name
PARADISE HARBOUR APTS. INC.



Principal Place of Business
**300 GOLDEN ISLES DR.
HALLANDALE FL 33009**

Mailing Address
**300 GOLDEN ISLES DR.
HALLANDALE FL 33009**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1170609** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAW OFFICES OF ERIC M. GLAZER, P.A.
1920 E. HALLANDALE BEACH BLVD.
8TH FLOOR
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D KOVACS, ZLATA 300 GOLDEN ISLES DRIVE HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, DAN 3000 GOLDEN ISLES DRIVE # 214 HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYA, GASTON 300 GOLDEN ISLES DR HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREMBLAY, YVES 300 GOLDEN ISLES DR HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD QUEENAN, MARIE 300 GOLDEN ISLES DR HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROSINO, H 300 GOLDEN ISLES DR # 315 HALLANDALE FL 33009 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHARD SCARBERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P 300 GOLDEN ISLES DR. #119 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PROVENCHER, GUY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP 300 GOLDEN ISLES DR. #102 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHIANO, HARRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D 300 GOLDEN ISLES DR. #110 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREMBLAY, YVES 300 GOLDEN ISLES DR. #211 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PELLETIER, JEAN-JACQUES. 300 GOLDEN ISLES DR. #101 HALLANDALE, FL 33009
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: **YVES TREMBLAY** *Yves Tremblay* 01/31/03 954-4583294

CR2E037 (10/02)