

2001 UNIFORM BUSINESS REPORT (UBR)

102

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 10 PM 3:25

DOCUMENT # P00000094895
1. Entity Name
Paradise Construction Management, ~~Inc~~
CONSULTANT, INC.

Principal Place of Business Mailing Address
913 Oldbarn Rd.
Orlando, FL 32825

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

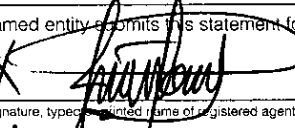
Zip Country Zip Country

4. FEI Number 59-3673550 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Efrain Ospina
1026 Old Barn Rd
Orlando, FL 32825

7. Name and Address of New Registered Agent
Name Juan Palacio
Street Address (P.O. Box Number is Not Acceptable)
913 Oldbarn Rd
City Orlando FL Zip Code 32825

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  Juan Palacios, President. 10/01/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

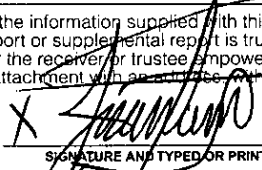
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD - BD <input type="checkbox"/> Delete
NAME	Efrain Ospina
STREET ADDRESS	1026 Old Barn Rd
CITY-ST-ZIP	Orlando, FL 32825
TITLE	Vice-Pd - BD <input type="checkbox"/> Delete
NAME	Juan Palacios
STREET ADDRESS	913 Oldbarn Rd
CITY-ST-ZIP	Orlando, FL 32825
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD - BD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Juan Palacios
STREET ADDRESS	913 Oldbarn Rd
CITY-ST-ZIP	Orlando, FL 32825
TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Efrain Ospina
STREET ADDRESS	1026 Old Barn Rd
CITY-ST-ZIP	Orlando, FL 32825
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800004726738-2
STREET ADDRESS	-12/14/01--01047--008
CITY-ST-ZIP	****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an office, with all other like empowered.
SIGNATURE:  Juan Palacios, President 10/01/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

