## FOR PROFIT CORPORATION

## May 21, 2002 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT#** 05-21-2002 90879 034 \*\*\*150.00 PARADISE Home & Design Corp. 663067 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE suite -City & State City & State 4. FEI Numbe Applied For 65-1097540 <u> NIAlean</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 330/3 11 DADE Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Zip Code 330/3 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. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. PRESIDENT, Tresure, Dir. Vier Pres. TITLE CR2E034B (12/01) TITLE NAME NAME VILMA CHENCA STREET ADDRESS STREET ADDRESS 1010 E 47 et. CITY-ST-ZIP CITY-ST-ZIP Hislash Ila 330/3 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP~ TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered

CITY-ST-7/P

SIGNATURE:

CITY-ST-ZIP

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**FILED**