

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V10488**

1. Entity Name

**LIGHTING PARADISE CORP.**

*4/15*

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90164 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5455 SOUTHWEST 8TH STREET SUITE 135 MIAMI FL 33134 US</b>	Mailing Address <b>5455 SOUTHWEST 8TH STREET SUITE 135 MIAMI FL 33134-2271 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 44-2700</b> Suite, Apt. #, etc.
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City & State <b>Miami, FL</b>	4. FEI Number <b>65-0317295</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip <b>33144-2700</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**CABO, ANDRES  
5455 SOUTHWEST 8TH STREET  
SUITE 135  
MIAMI FL 33134**

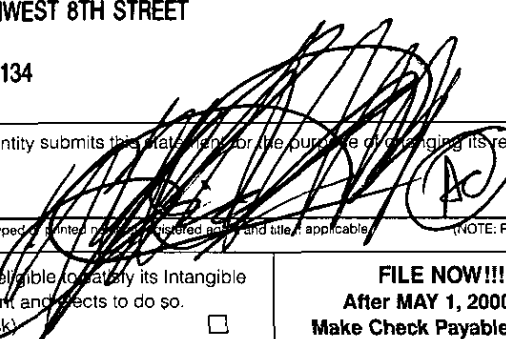
**7. Name and Address of New Registered Agent**

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.

SIGNATURE  DATE **4/17/00**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirements and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>CABO, ANDRES</b>	
STREET ADDRESS <b>5455 SW 8 ST.</b>	
CITY-ST-ZIP <b>MIAMI FL 33134</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>DE CABO, DORIS</b>	
STREET ADDRESS <b>5455 SW 8 ST.</b>	
CITY-ST-ZIP <b>MIAMI FL 33134</b>	
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	<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	
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 address, with all other like empowered.

SIGNATURE:  DATE: **4/17/00** (305) 444-0902 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)