

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709862

1. Entity Name

ISLE OF PARADISE "B", INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90005 016 ****61.25

Principal Place of Business

450 PARADISE ISLE BLVD #105
HALLANDALE FL 33009

Mailing Address

450 PARADISE ISLE BLVD #105
HALLANDALE FL 33009-5840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1152845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JAHN, JUDY
450 PARADISE ISLE BLVD.
HALLANDALE FL 33009~~

Name

BETTRICE GOLDMAN

Street Address (P.O. Box Number is Not Acceptable)

450 PARADISE ISLE BLVD

#207

City

HALLANDALE

FL

Zip Code
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)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete

NAME KAHN, LESTER
STREET ADDRESS 450 PARADISE ISLE BLVD
CITY-ST-ZIP HALLANDALE, FL 00000

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

SOME

TITLE VP ☐ Delete

NAME CARDILLO, MARCELLA
STREET ADDRESS 450 PARADISE ISLE BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

SOME

TITLE D ☐ Delete

NAME SARTA, GRACE
STREET ADDRESS 450 PARADISE ISLE BLVD
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

SOME

TITLE ST ☐ Delete

NAME JAHN, JUDY
STREET ADDRESS 450 PARADISE ISLE BLVD.
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

BETTRICE GOLDMAN
450 PARADISE ISLE BLVD
HALLANDALE, FL 33009

TITLE D ☐ Delete

NAME LOGUIDICE, JOSEPH
STREET ADDRESS 450 PARADISE ISLE
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete

NAME IFFLA, DAVID
STREET ADDRESS 450 PARADISE ISLE
CITY-ST-ZIP HALLANDALE FL

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

SOME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000

954-456-6803

Date

Daytime Phone #

CR2E037 (9/99)