

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 03, 2001 8:00 am**  
**Secretary of State**

07-03-2001 90001 022 \*\*\*\*61.25

**DOCUMENT # 709862**

1. Entity Name

ISLE OF PARADISE "B", INC.

LA

Principal Place of Business

450 PARADISE ISLE BLVD #105  
 HALLANDALE FL 33009

Mailing Address

450 PARADISE ISLE BLVD #105  
 HALLANDALE FL 33009

554315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1152845

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JAHN, JUDY  
 450 PARADISE ISLE BLVD.  
 HALLANDALE FL 33009

Delete

7. Name and Address of New Registered Agent

Name

BEATRICE GOLDMAN

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

450 PARADISE ISLE BLVD #207

City

HALLANDALE BEACH

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

*Beatrice Goldman / Treasurer* BEATRICE GOLDMAN 5/1/2001  
 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KAHN, LESTER	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARDILLO, MARCELLA	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	SARTA, GRACE	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JAHN, JUDY	
STREET ADDRESS	450 PARADISE ISLE BLVD.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOGUIDICE, JOSEPH	
STREET ADDRESS	450 PARADISE ISLE	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	IFFLA, DAVID	
STREET ADDRESS	450 PARADISE ISLE	
CITY-ST-ZIP	HALLANDALE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCELLA CARDILLO	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
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	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEATRICE GOLDMAN	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE SPENGLER	
STREET ADDRESS	450 PARADISE ISLE BLVD	
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Beatrice Goldman* BEATRICE GOLDMAN 5/1/2001 954-456  
 Signature, typed or printed name of signing officer or director Date Telephone #

CR2E037 (10/00)