

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90439 025 \*\*\*\*61.25

**DOCUMENT # 709862**

1. Entity Name  
**ISLE OF PARADISE "B", INC.**



Principal Place of Business  
**450 PARADISE ISLE BLVD #105-  
HALLANDALE FL 33009**

Mailing Address  
**450 PARADISE ISLE BLVD #105-  
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**#102**

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

**CARRO, JOAN N  
450 PARADISE ISLE BLVD.  
# 102  
HALLANDALE FL 33009**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CARRO, JOAN</b> <b>450 PARADISE ISLE BLVD</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VOGEL, HOWARD</b> <b>450 PARADISE ISLE BLVD</b> <b>HALLANDALE FL 33009</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FRANCIOSI, DONALD</b> <b>450 PARADISE ISLE BLVD.</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete <i>Change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SARTA, GRACE</b> <b>450 PARADISE ISLE BLVD</b> <b>HALLANDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IFFLA, DAVID</b> <b>450 PARADISE ISLE</b> <b>HALLANDALE FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOGUIDICE, ANITA</b> <b>450 PARADISE ISLE BLVD</b> <b>HALLANDALE BEACH FL 33009</b>	<input checked="" type="checkbox"/> Delete <i>Change</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Anita Loguidice</b> <b>450 Paradise Isle Blvd #101</b> <b>Hallandale Beach, FL 33009</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Donald Franciosi</b> <b>450 Paradise Isle Blvd #108</b> <b>Hallandale Beach FL 33009</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Beatrice Goldman</b> <b>450 Paradise Isle Blvd #207</b> <b>Hallandale Beach FL 33009</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Arlene Franciosi</b> <b>450 Paradise Isle Blvd #108</b> <b>Hallandale Beach FL 33009</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>William Carney</b> <b>450 Paradise Isle Blvd #107</b> <b>Hallandale, FL 33009</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

**JOAN M. CARRO, President**

**2/8/03 954 458 4295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)