2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
01-27-2000 90126 017 ****61.25

DOCUMENT # 737653

1. Entity Name

PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3531 NE 170TH ST % CHARLES ABELL NORTH MIAMI BEACH FL 33160	3531 NE 170TH ST % CHARLES ABELL NORTH MIAMI BEACH FL 33160-3131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1986984 ☐ Applied For ☐ Not Applicable

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
ABELL, CHARLES 3531 NE 170TH ST NORTH MIAMI BEACH FL 33160	Name: Charles I Abell Street Address (P.O. Box Number is Not Acceptable): 3531 NE 170 ST 205 City: N.M.B. FL Zip Code: 33160

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABELL, CHARLES		NAME	
STREET ADDRESS	3531 NE 170TH ST	D	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOLAN, BARBARA		NAME	
STREET ADDRESS	3531 NE 170TH ST	D	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	VASQUEZ, VICTORIA		NAME	
STREET ADDRESS	3531 NE 170TH ST		STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE	BM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Roxanne Rodriguez	D	NAME	
STREET ADDRESS	3531 NE 170 St.		STREET ADDRESS	
CITY-ST-ZIP	North Miami Bch Fl 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E037 (9/98)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #