

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737653

1. Entity Name

PARADISE ISLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

3531 NE 170TH ST
% CHARLES ABELL
NORTH MIAMI BEACH FL 33160

Mailing Address

3531 NE 170TH ST
% CHARLES ABELL
NORTH MIAMI BEACH FL 33160

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

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

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
After September 12, 2001, min. will be \$236.25

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
ABSC
ABELL, CHARLES
3531 NE 170TH ST
NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DOLAN, BARBARA
3531 NE 170TH ST
NORTH MIAMI BEACH FL 33160 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VIVIAN R. SCLIPPA
3531 N.E. 170 ST
NORTH MIAMI BEACH FL 33160 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BMD PD
RODRIGUEZ, ROYANNE ROXANA
3531 NE 170 ST
NORTH MIAMI BCH FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]

7/26/01 305-947-0703

FILED
Aug 07, 2001 8:00 am
Secretary of State

03-13-2001 90007 043 ****61.25

08-07-2001 90017 031 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)