5/8/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State
05-08-2002 90165 033 ****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

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

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

UNITED FINANCIAL PROPERTY MANAGEMENT

7. Name and Address of New Registered Agent

Name UNITED FINANCIAL PROPERTY M.G.T.

Street Address (P.O. Box Number Is Not Acceptable) 3531 N.E. 170 TH STREET

City NORTH MIAMI BEACH 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 _____
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 TREA/SEC NAME STREET ADDRESS CITY-ST-ZIP	PD ABELL, CHARLES 3531 NE 170TH ST NORTH MIAMI BEACH FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	~~PD~~ RODRIGUEZ, ROXANA 3531 NE 170 ST NORTH MIAMI BCH FL 33180	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	~~VP~~ SELIPPA, VIVIAN 3531 NE 170 STREET MIAMI FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMCIA BAYEUX 3531 N.E 170 STREET N.M.B, FL 33160	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: X [signature] 4-9-02 (305) 371-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #