

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000338**

1. Entity Name
PARADISE INN, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:49



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**819 SIMONTON STREET
KEY WEST FL 33040**

Mailing Address
**819 SIMONTON STREET
KEY WEST FL 33040-7445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0572768**
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

**SEGEL, SHELDON
819 SIMONTON STREET
KEY WEST FL 33040**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named agent has signed this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **2-16-00**
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,300,000.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY

| | | | |
|---|--|-----------------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | P93000074893 SEPENT, INC. 819 SIMONTON STREET KEY WEST FL 33040 | STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | mf 3/1/00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | 800003158548--4 -03/06/00-01110-013 ****526.25 ****526.25 |
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **2-16-00** **305-293-PM**
Date Daytime Phone #

CR2E003 (9/99)