

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90071 032 ***150.00

DOCUMENT # H33660

1. Entity Name

BIRD LOVERS PARADISE, INC.

Principal Place of Business

Mailing Address

9339 ALT A1A
 LAKE PARK FL 33403

9339 ALT A1A
 LAKE PARK FL 33403

2. Principal Place of Business

13663 48th Ct N.

3. Mailing Address

13663 48th Ct N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Royal Palm Beach, FL

Royal Palm Beach, FL

City & State

City & State

33411

USA

33411

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2483757**

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

FRANCHAK, JOHN
9339 ALT A1A
LAKE PARK FL 33403

Name

Street Address (P.O. Box Number is Not Acceptable)

13663 48th Ct N.

Royal Palm Beach

FL

33411

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | FRANCHAK, JOHN | |
| STREET ADDRESS | 9339 ALT A1A | |
| CITY-ST-ZIP | LAKE PARK FL | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | FRANCHAK, JANICE | |
| STREET ADDRESS | 9339 ALT A1A | |
| CITY-ST-ZIP | LAKE PARK FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 13663 48th Ct N. | |
| STREET ADDRESS | Royal Palm Beach, FL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 13663 48th Ct N. | |
| STREET ADDRESS | Royal Palm Beach, FL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 561 7930845

Date

Daytime Phone #

CR2E034 (9/99)