

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

**DOCUMENT #** L00000000108

**1. Entity Name**  
PARADISE PARK, LLC

00 APR -3 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/18*

**Principal Place of Business**  
7225 N.W. 25th Street  
Suite # 110  
Miami, Florida 33122

**Mailing Address**  
7225 N.W. 25th Street  
Suite # 110  
Miami, Florida 33122

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** ☒ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
Simon, Gary P. Esquire.  
9100 So. Dadeland Blvd.  
Suite # 504  
Miami, Florida 33156

**7. Name and Address of New Registered Agent**  
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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager M.A. Grondin 7225 N.W. 25th Street. Ste. 110 Miami, Florida 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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-04/20/00-01039-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** M.A. GRONDIN MGR. *M.A. Grondin* **3/28/00 (305)592-7090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)