

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013929

1. Entity Name

PARADISE GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 27 AM 12:07

Principal Place of Business

P.O. BOX 14776
BRADENTON FL 34280

Mailing Address

P.O. BOX 14776
BRADENTON FL 34280

2. Principal Place of Business

P.O. Box 306

3. Mailing Address

P.O. Box 306



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Palmetto, FL

4. FEI Number

65-1082691

Applied For

Not Applicable

Zip

34220

Country

USA

Zip

34220

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Chew, Brian C.

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

5107 Palmetto Pt. Dr.

City

Palmetto

FL

Zip Code

34221

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

Brian C. Chew

Brian C. Chew

9/24/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mgrm
STREET ADDRESS	Brian C. Chew
CITY-ST-ZIP	5107 Palmetto Pt. Dr. Palmetto, FL 34221
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mgrm
STREET ADDRESS	Vicki Chew
CITY-ST-ZIP	5107 Palmetto Pt. Dr. Palmetto, FL 34221
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004618636
STREET ADDRESS	10/01/01-01086-007
CITY-ST-ZIP	*****50.00 *****50.00
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	

11. 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:

Brian C. Chew

9/24/01

941-723-6674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STAPLE CHECK HERE

CR2E083 (5/01)

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