

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000003410**

1. Entity Name

**PARADISE APPRAISALS & REAL ESTATE SERVICES LLC**

Principal Place of Business

175 OLD TAMiami TRAIL  
NAPLES FL 34110

Mailing Address

175 OLD TAMiami TRAIL  
NAPLES FL 34110

2. Principal Place of Business

2262 CAMPESTRE TER

Suite, Apt. #, etc.

3. Mailing Address

2262 CAMPESTRE TER

Suite, Apt. #, etc.

City &amp; State

NAPLES FL

City &amp; State

NAPLES FL

Zip

34119

Country

COLLEER

Zip

34119

Country

COLLEER

4. FEI Number

59-3708619

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MANGANARO, MICHAEL  
175 OLD TAMiami TRAIL  
NAPLES FL 34110

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAEL MANGANARO  
2262 CAMPESTRE TERRACE  
NAPLES FL 34119 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

**FILED**  
**Jun 12, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90372 005 \*\*\*\*50.00

92602



DO NOT WRITE IN THIS SPACE

CFR2083 (9/01)