

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

3/18/2003-90153-030-\$50.00-\$50.00 *
9/23/2003-90023-033-\$50.00-\$50.00

03 OCT -7 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003859

1. Entity Name

PARADISE HEAVEN, LLC



Principal Place of Business

10143 N.W. 46 STREET
SUNRISE FL 33351
US

Mailing Address

10143 N.W. 46 STREET
SUNRISE FL 33351
US

2. Principal Place of Business

113 N.E 7 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DUMANO BEACH FL

City & State

Zip

Country

Zip

Country

4. FEI Number

432005130

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM GREENE ASSOCIATES, P.A.
11450 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM *Secretary* ☐ Delete
NAME YUZEVICH, RONEN
STREET ADDRESS 10143 N.W. 46 STRET
CITY-ST-ZIP SUNRISE FL 33351

TITLE *Secretary* ☐ Delete
NAME Joseph Anonow
STREET ADDRESS 5055 Collins Ave #12H
CITY-ST-ZIP Miami beach FL 33140

TITLE *SHAJ MORALI Manager* ☐ Delete
NAME *SHAJ MORALI*
STREET ADDRESS *10175 W. Sunrise Blvd*
CITY-ST-ZIP *PLANTATION FL 33388*

TITLE *ADMINISTRATOR Secretary* ☐ Delete
NAME Gena Ackersingh
STREET ADDRESS 575 NW 118 AVE
CITY-ST-ZIP PLANTATION, FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)