

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

8/8/

08-08-2003 90060 043 *****55.00

DOCUMENT # L02000032828

1. Entity Name

PARADISE INVESTMENTS, LLC



Principal Place of Business

Mailing Address

1845 S.W. 163RD AVENUE
MIRAMAR FL 33027

1845 S.W. 163RD AVENUE
MIRAMAR FL 33027

55054339

2. Principal Place of Business

3. Mailing Address

DADE/BROWARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1845 SW 163 AVE

City & State
MIRAMAR, FLORIDA

City & State

4. FEL Number

02-0674579

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

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

GOMEZ, GLEN A
1845 S.W. 163RD AVENUE
MIRAMAR FL 33027

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLEN GOMEZ / MANAGER PARTNER
1845 SW 163 AVE
MIRAMAR, FL 33027

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 registered agent authorized 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

Day/Time Phone #

CR2E083 (4/03)