

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L08885

1. Entity Name
PARADISE RESTAURANT, INC.

Principal Place of Business

903 N BREVARD AVE
ARCADIA FL 34266
US

Mailing Address

~~903 N BREVARD AVE~~
P-O BOX 124 N. BREVARD AVE
ARCADIA FL 34266
US

2. Principal Place of Business

3. Mailing Address

903 N BREVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA, FL

Zip

Country

34266

US De Soto

4. FEI Number 59-2948108

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, FLETCHER
903 N BREVARD AVE
ARCADIA FL 34266

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
KONSTANTINIDIS, JOHN
903 N. BREVARD
ARCADIA FL 34266 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01 863-494-2061
Date Daytime Phone #

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90001 004 ***150.00



DO NOT WRITE IN THIS SPACE

0126726 AT

CR2E034 (5/01)

Attachment # L08885

Paradise Restaurant, Inc.
903 N. Brevard Avenue
Arcadia, FL 34266

BDO/ONES

July 16, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

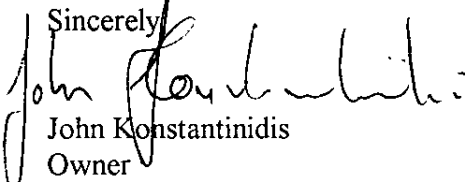
Dear Sir or Madam:

Enclosed please find our payment for \$150 for the 2001 UBR for 2001. We have just recently received this report, as it went to an old post office box address which we no longer use.

Therefore, we respectfully ask you to remove the \$400 penalty as we are just now receiving the report.

The correct mailing address has been noted on the change portion of the form.

Sincerely,


John Konstantinidis
Owner
Paradise Restaurant, Inc.