

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76569

1. Entity Name

PARADISE LAKES ESTATES, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90024 018 ***150.00

Principal Place of Business

Mailing Address

4. RUE DE NEUCHATEL
CH2034 PESEUX/NEUCHATEL
SWITZERLAND

4. RUE DE NEUCHATEL
CH2034 PESEUX/NEUCHATEL
SWITZERLAND

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3123179

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

HOVIS, GEORGE E
481, EAST HIGHWAY 50 (P. O. DRAWER 120848)
CLERMONT FL 34712-0848

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME PC
STREET ADDRESS CATTARUZZA, BRUNO
CITY-ST-ZIP 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL
SWITZERLAND

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS CATTARUZZA, CLAUDETTE
CITY-ST-ZIP 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL
SWITZERLAND

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS CATTARUZZA, JEAN-MARC
CITY-ST-ZIP 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL
SWITZERLAND

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS CATTARUZZA, OSWALDO
CITY-ST-ZIP 22.VIA S.FOCA/SEDRANO DI SAN QUIRINO
PROV. PORDENONE, ITALY

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CATTARUZZA, ARIANNA
CITY-ST-ZIP 22.VIA S.FOCA/SEDRANO DI SAN QUIRINO
PROV. PORDENONE, ITALY

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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]
Signature, typed or printed name of signing officer or director
BRUNO CATTARUZZA, CHAIRMAN

Date

Daytime Phone #

CR2E034 (9/99)