

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91648 026 \*\*\*150.00

**DOCUMENT # L76569**

**1. Entity Name**  
**PARADISE LAKES ESTATES, INC.**

**Principal Place of Business**  
**4. RUE DE NEUCHATEL**  
**CH2034 PESEUX/NEUCHATEL**  
**SWITZERLAND FL**

**Mailing Address**  
**4. RUE DE NEUCHATEL**  
**CH2034 PESEUX/NEUCHATEL**  
**SWITZERLAND FL**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-3123179**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**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 **GEORGE E HOVIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**481, EAST HIGHWAY 50**  
**PO DRAWER 120848**  
 City **CLERMONT** **FL** Zip Code **34712-0848**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC CATTARUZZA, BRUNO 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL SWITZERLAND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATTARUZZA, CLAUDETTE 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL SWITZERLAND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CATTARUZZA, JEAN-MARC 4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL SWITZERLAND <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CATTARUZZA, OSWALDO 22.VIA S.FOCA/SEDRANO DI SAN QUIRINO PROV. PORDENONE, ITALY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CATTARUZZA, ARIANNA 22.VIA S.FOCA/SEDRANO DI SAN QUIRINO PROV. PORDENONE, ITALY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** CATTARUZZA BRUNO President and Chairman of the Board 22 April 2002  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)