# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/2/2003-90187-046-$150.00-$150.00

FILED
03 SEP 26 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L76569

1. Entity Name
PARADISE LAKES ESTATES, INC.

☒ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| 4, RUE DE NEUCHATEL<br>CH2034 PESEUX/NEUCHATEL<br>SWITZERLAND FL | 4, RUE DE NEUCHATEL<br>CH2034 PESEUX/NEUCHATEL<br>SWITZERLAND FL |

| 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

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

delete 215

7. Name and Address of New Registered Agent

Name Michael R. GIBBONS
Street Address (P.O. Box Number is Not Acceptable)
North Eola Drive ~~OFFICE~~ #2
City ORLANDO FL Zip Code 32801 ~~2345~~

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 M. Gibbons Michael R. Gibbons
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PC<br>CATTARUZZA, BRUNO<br>4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL<br>SWITZERLAND ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800023449238<br>09/30/03--01061--001 **800.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CATTARUZZA, CLAUDETTE<br>4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL<br>SWITZERLAND ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800023445238<br>09/30/03--01061--001 **800.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CATTARUZZA, JEAN-MARC<br>4-RUE DE NEUCHATEL-CH2034 PESEUX/NEUCHATEL<br>SWITZERLAND ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CATTARUZZA, OSWALDO<br>22.VIA S.FOCA/SEDRANO DI SAN QUIRINO<br>PROV. PORDENONE, ITALY ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CATTARUZZA, ARIANNA<br>22.VIA S.FOCA/SEDRANO DI SAN QUIRINO<br>PROV. PORDENONE, ITALY ☐ 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 |

CR2E064 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruno Cattaruzza P.D.
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR

May 5 2003
Date

Daytime Phone #

T/35