2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9500000395 1. Entity Name					SECONTEL	LED		:
VIOLA'S PARADISE HOME II, L.C.					SECRETARY OF STATE DIVISION OF CORPORATIONS			
,					00 MAR 16	PM 1:56		
Principal Place of Business Mailing Address						111 1: 28		
	1105 CAPE CORAL PARKWAY E 1105 CAPE CORAL PARKWAY E							
SUITE C SUITE C								
CAPE CORAL FL 33904 CAPE CORAL FL 33904-9175					I (BRIGHE BIO CHIEF BIRIC BRIGH BOOK	Airi Airii Anili Anili Anini Airii	1 218 1 8 131 1 8 8 1	
2. Principal Place of Business 5109 Del Prado Blvd. 3. Mailing Address 5109 Del Prado				<i>,</i> _) (DANIBI) AND LUIDI DIIII DANIF ADIAL D	.0011 00 111 03 111 00 110 11111		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE I	N THIS SPACE		_
City & State	Coval Florida	Cape Coral	Florida	4. FEIT	65-0584466	N	pplied For ot Applicable	
Zip 3 3	1904 Country USA	^{Žip} 33904	Country		ificate of Status Desired	\$5.00 Ad Fee Require	ditional ed	
6. Name and Address of Current Registered Agent					e and Address of New Reg	istered Agent		
A==			Name	Viola 3	artel			ĺ
SEEMANN, ERNEST A Street Address					lumber is Not Acceptable)			
1105 CAPE CORAL PARKWAY EAST							<u> </u>	-
SUITE C 5/1				5104 De	l trado stra	7.	s: 	Ì
CAPE-CO	RAL FL 33904		- City-	Cape Con		FL Zip Coo	10 22 anii	~
					<u> </u>		22344	ł
8. The above	named epility stubroits this statement for	r the purpose of changing its h	sgistered office o	r registerea agent,	or both, in the State of Florid	a.		
Siover William .					03.	/14/00		
SIGNATURE .	Signature typed or printed name of registered agent a	ind tille if applicable (NOT):	Registered Agent signal	ture required when reinstat	ing)	DATE		ļ
FILE NOW!!! FEE IS \$50.00					,			
		Make Check Pays	able to Depart	ment of State				
9.	MANAGING MEMBE	ERS/MEMBERS _	10.		ADDITIONS/CH	HANGES		İ
TITLE	MGRM	Delato	TITLE			☐ Change	Addition	Ó
NAME	ROHLEDER, HARALD DR.	A	NAME		• *			9
STREET ADDRESS	3910 DEL PRADO BLVD.		STREET ADDRESS		· 65	7.18		FOR
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY- 8T- ZIP	112011			·	5
TITLE	MGRM Detects TIT			MGRM		Change	Addition	2
RAME	VIOLA'S PARADISE HOLDING COMPANY, L.C.			VIVUHS PHRHO	idlas paradise holding company, L.C.			
STREET ADDRESS	4729 DEL PRADO BLVD. —— CAPE CORAL FL 33904		STREET ADDRESS CITY-ST-ZIP					
CITY-81-ZIP	CAPE CORAL PL 33904		1	cape Coral	+ 36 22304	Change	Addition	ł
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CITY-ST-ZIP			CITY-8T-ZIP			<u> </u>		}
TITLE		☐ Delete	TITLE			Change	Addition	1
NAME !			NAME ATDEET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		Delete	TITLE			Change	Addition	
TIT <u>h</u> E N <i>a</i> me			NAME					
STREET ADDRESS			STREET ADDRESS					
GIT #- ST- ZIP			CITY-ST-ZIP					
11. I hereby o	certify that the information supplied with	this filing does not qualify for t	he exemption sta	ted in Section 119.	07(3)(i), Florida Statutes. I fu	rther certify that the i	information	
indicated	on this report is true and accurate and bility company or the receiver or rustee	that my signature shall have th	ne same legal effe	ct as if made unde	r oath; that I am a managing	member or manage	er of the	
	/ /	16-11/		y,	1 1			
CICNIAT			RED		PZIILIOP	961-569	7-0713	
SIGNAT	SIGNATURE AND TYPED OR PRIM	TED NAME OF SIGNING MANAGING MI	EMBER OR MANAGER		date	Daytime Phone #	y 1, <u>-</u>	
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