

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001795

1. Entity Name

PARADISE VILLAGE, LLC

FILED

00 JAN 20 PM 4: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1020 HUNTINGTON DRIVE  
SAN MARINO CA 91108

Mailing Address

1020 HUNTINGTON DRIVE  
SAN MARINO CA 91108-1828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-2727364

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
CASNER, EVA M  
1020 HUNTINGTON DRIVE  
SAN MARINO CA 91108

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800003112348--4

01/27/00 01910 016

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☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

(626) 282-8443

SIGNATURE:

SIGNATURE *Eva M Casner*

1-12-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #