

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002367

1. Entity Name

PARADISE MANAGEMENT, INC. ✓

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90016 014 ****61.25

Principal Place of Business

1709 SW 3RD PLACE
 CAPE CORAL FL 33991
 US

Mailing Address

1709 SW 3RD PLACE
 CAPE CORAL FL 33991
 US



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

65-0413525

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

BECKSTEIN, GENE
 1709 SW 3RD PLACE
 CAPE CORAL FL 33991

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

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: BEJERIS, THEOPHILUS Delete
 STREET ADDRESS: 1908 PICADILLY CIRCLE
 CITY-ST-ZIP: CAPE CORAL FL 33991

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

TITLE: VD
 NAME: GAFFORD, GARY A Delete
 STREET ADDRESS: 301 SW 17TH ST
 CITY-ST-ZIP: CAPE CORAL FL 33991

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

TITLE: SD
 NAME: BECKSTEIN, GENE Delete
 STREET ADDRESS: 1709 SW 3RD PLACE
 CITY-ST-ZIP: CAPE CORAL FL 35991

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

TITLE: Delete

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

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 617, 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: _____

Gene Beckstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
 Date

941-458-4454
 Daytime Phone #

CR 017 010