

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90027 017 ***150.00

DOCUMENT # P00000004283

1. Entity Name

GIRLS PARADISE CORP.

Principal Place of Business

**7309 WEST 29TH LANE
HIALEAH FL 33018**

Mailing Address

**7309 WEST 29TH LANE
HIALEAH FL 33018**

2. Principal Place of Business

3520 W 18 AVENUE

Suite, Apt. #, etc.

Suite #100

City & State

Hialeah FL

Zip

33012

Country

USA

3. Mailing Address

3520 W 18 AVENUE

Suite, Apt. #, etc.

Suite #100

City & State

Hialeah FL

Zip

33012

Country

USA

4. FEI Number

65-0973147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OROZCO, TITO R
7309 WEST 29TH LANE
HIALEAH FL 33018**

7. Name and Address of New Registered Agent

Name

Tito R. Orozco

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

3520 W 18 Ave. Suite #100

City

Hialeah

FL

Zip Code

33012

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **OROZCO, TITO R**
STREET ADDRESS **7309 WEST 29TH LANE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **SVD** ☐ Delete
NAME **OROZCO, CARMEN J**
STREET ADDRESS **7309 WEST 29TH LANE**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

Tito R. Orozco

03/06/01

Date

(305) 828-4399

Daytime Phone #

CR2E034 (10/00)