

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054694

1. Entity Name

PARADISE TRANSPORTATION, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90028 040 ***150.00

Principal Place of Business

306 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

Mailing Address

306 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

2. Principal Place of Business

2878-201 DONNELLY DR

3. Mailing Address

2878-201 DONNELLY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LANTANA, FL

City & State

LANTANA, FL

4. FEI Number

65-1015557

Applied For

Not Applicable

Zip

33462

Country

P. B.

Zip

33462

Country

P. B.

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

GROMKO, PORTER AND ASSOCIATES
306 E. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

Name

John Porter Accounting, Inc.

Street Address

400 S. Federal Hwy., Suite 405

City

Boynton Beach, Florida 33435

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/13/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BROWAND, ROBERT
CITY-ST-ZIP 4334 N.W. 4TH AVENUE
POMPAHO BEACH FL 33064

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2878-201 DONNELLY DR
CITY-ST-ZIP LANTANA, FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

[Signature]
ROBERT E. BROWAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-01 561-373-7253

CR2E034 (10/00)