

FILED  
Apr 09, 2003 8:00 am  
Secretary of State

04-09-2003 90166 041 \*\*\*158.95

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000072468

1. Entity Name  
PARADISE PROPERTIES INTERNATIONAL, INC.



Principal Place of Business  
~~9123 NORTH MILITARY TRAIL  
SUITE 104~~ 449 Woodview Circle  
PALM BEACH GARDENS, FL ~~33418~~ 33418

Mailing Address  
~~9123 NORTH MILITARY TRAIL  
SUITE 104~~ 449 Woodview Circle  
PALM BEACH GARDENS, FL ~~33418~~ 33418

10001260



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1030210

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

ROBIN, LOREN  
~~9123 NORTH MILITARY TRAIL, ST 104  
WEST PALM BEACH, FL 33410~~

449 Woodview Circle  
PBG, FL 33418

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when resigning)

4/3/2003  
Date

FILE NOW!!! FEE IS \$160.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PSTD  
ROBIN, LOREN 449 Woodview Circle  
~~9123 NORTH MILITARY TRAIL SUITE 104~~  
PALM BEACH GARDENS, FL ~~33418~~ 33418

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

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)