

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088334

1. Entity Name

ENTERPRISING PARADIGMS OF SOUTH FLORIDA, INC.

Principal Place of Business

1005-A1 GREEN PINE BLVD
WEST PALM BEACH FL 33409

Mailing Address

1005-A1 GREEN PINE BLVD
WEST PALM BEACH FL 33409

2. Principal Place of Business

717 AUSTRALIAN

3. Mailing Address

P.O. Box 10913

Suite, Apt. #, etc.

RIVIERA BEACH, FL

Suite, Apt. #, etc.

RIVIERA BEACH, FL

City & State

City & State

Zip

33404

Country

PALM BEACH

Zip

33409

Country

PALM BEACH

6. Name and Address of Current Registered Agent

SHERMAN, ESTHER S
1005-A1 GREEN PINE BLVD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ESTHER S. SHERMAN 717 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ESTHER S. SHERMAN 717 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ESTHER S. SHERMAN 717 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90198 003 ***150.00

656999



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)