

2001 UNIFORM BUSINESS REPORT (UBR)

0001952

DOCUMENT # P00000112564

1. Entity Name

PARADISE TRANSPORT, INC.

FILED

02 DEC 13 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6019 NW 170 LN
MIAMI FL 33015

Mailing Address

6019 NW 170 LN
MIAMI FL 33015

2. Principal Place of Business

6019 NW 170 Lane

3. Mailing Address

P.O. Box 601195

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Sunny Isles, FL

Zip

33015

Country

U.S.A.

Zip

33160

Country

U.S.A.

4. FEI Number

651061697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLIS, MARIA
6019 NW 170 LN
MIAMI FL 33015

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	D	<input type="checkbox"/> Delete
NAME	SOLIS, MARIA	
STREET ADDRESS	6019 NW 170 LN	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

300009504173
12/13/02--01034--008 **300.00

T. Lewis 12/13/02

CR2E034 (10/00)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-6-02 786-251-4690

December 6, 2002

Florida Department of State
Division of Corporation
Thelma Lewis
Corporate Specialist Supervisor

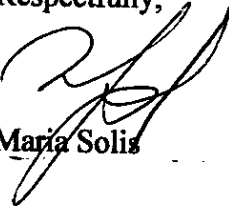
Dear Mrs. Lewis;

As per our phone conversation, in reference to reinstatement of Paradise Transport, Inc. Document #P00000112564, we are enclosing the check for filling years 2001 and 2002 in the sum of \$300.

Also as per your request, we are enclosing supporting documents, that our offices were broken into, and all our records; computers, faxes and machinery were stolen, for this reasons Paradise Transport, Inc. never had the opportunity to do business.

You can contact us at 786-251-4690 at any time.

Respectfully;



Maria Solis



Anthony Garces

Directly from Victims

REFERRAL SHEET

547-0100

Name of Complainant:

Anthony Garces

Date:

11/30/00

Name of Subject:

Juan Carlos Sainz

Police Case #:

652488-X

Paralegal:

Frances Walsh

STATE ATTORNEY'S OFFICE

(*) The complaint that you are making with our office is a possible "Felony." Your case needs to be investigated by a detective from the City of Miami-Dade Police Department before any further action is taken by our office. Once the police have finished their investigation and determined that your case is a criminal matter, the case will be presented to our office for prosecution. * Victim was pulled out of his vehicle & vehicle taken. * Also, items stolen from office. * Burglary of occupied conveyance. * S company.

- () The complaint that you are making with our office is a possible "misdemeanor." However, the following information will be required before our office can consider your case for prosecution:
- () A Police Report or Police case #
 - () The full name of the person you are making the complaint against.
 - () A valid address of the person that you are making the complaint against.
 - () Medical records.
 - () An Estimate of Property Damage.
 - () Other:

+ Victim referred to restraining order: (305) 547-3170

+ Criminal intake unit: (305) 547-0255

() The complaint that you are making with our office is not a criminal matter. Therefore, your complaint cannot be handled by our office. If you need further assistance with our problem, you can call one of the following information numbers:

Small Claims Court/Civil Court

275-1155

Lawyer Referrals

1-800-342-8011

Legal Aid

579-5733

Other:

Legal Services

574-0080

Attorney General

377-5441

If you have any additional questions or problems please call the Criminal Intake Division at 547-0250.

Doral Station
General Investigations
Unit

Phone (305) 471-2805
Fax (305) 471-2807

POLICE DEPARTMENT



NELSON PEREZ
Detective

9101 NW 25 Street
Room No. 2526
Miami, Florida 33172

Contact/Case # 652488-X

D-050
DISTRICT/UNIT

471-2800
TELEPHONE

- ☒ Offense Report
☐ Crash Report
☐ Contact Only

11-29-2000
DATE REPORTED



Date/Time of Contact

6: P.M. / 11/29/00
Name/Rank/ID #

TAKING
OF
TRUCK



An International
Accredited
Police Service

Contact/Case # 654477-K

DONALD/3053
DISTRICT/UNIT

471-2800
TELEPHONE

- ☒ Offense Report
☐ Crash Report
☐ Contact Only

11-30-00
DATE REPORTED



Date/Time of Contact

R. Gonzalez #1546
Name/Rank/ID #



An International
Accredited
Police Service

7 PEOPLE

Contact/Case # 654484-X

DONALD/3053
DISTRICT/UNIT

471-2800
TELEPHONE

- ☐ Offense Report
☐ Crash Report
☐ Contact Only

11-30-00
DATE REPORTED



Date/Time of Contact

R. Gonzalez #1546
Name/Rank/ID #



An International
Accredited
Police Service