FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3			(CDIA)			
DOCUMENT # 1 00000 1 6 79 1					, , 4,	1440
PARADISE CONSOLTANTS INC					TOWN OF COMPURATION	
, , , , , ,		177,000			U3 Erc	o - Sur ORAMO.
,			4.		02 125	22 PM 2:29
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 6 CANNES DR 6 CANNES DR						
GLANNES DR GLANNES Suite, Apt. #, etc. Suite, Apt. #, etc.			0/		DO NOT WRITE IN T	HIS SPACE
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City & State  NADE	5, F1	City & Staye NAPIE	S FI		4. FEI Number 59-3689012	Applied For Not Applicable
3 4112	Country	<sup>zig</sup> 4112	Colli E	R	5. Certificate of Status Desired	\$8.75 Additional Fee Required
J 1112	Collier	) (112	(1)1112		7. Name and Address of Current Regist	
			Name	Rob	ERT PUTNAM	Λ
DO NOT WRITE  Street Address (97). Box Number is Not Acceptable).						
	in this sp	ACE	*	<u> </u>	2/F/0/0/2/3 15/E	
			City	1111	1/64	FL Zip Code (2
8 The above named e	ntity surmits this statement for	the purpose of chahaina its ru	_ <del>,</del>		DIES ed agent, or both, in the State of Florida.	34112
		5 // 4	. 1	ragistore	•	4/ 5
SIGNATURE	ped or printed rame of registered agent a	nd title if applicable (NOTE	Registered Agent signatu	ro required y	whon reinstation)	-04.02
		<u> </u>	ÿ 1 Fee is \$150		and remaining	11 L
Tax filing requireme	eligible to satisfy its Intangible and elects to do so.	After May 1	, Fee is \$550.00 UBR is \$61.25		10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
(See criteria on bac	<u> </u>	Make Check Payable				
11. TITLE P/6	OFFICERS AND I	DIRECTORS	TITLE		The state of the s	
NAME DEANA PUTNAM			NÀME		50000505 -03/06/02	00151
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NAME ROBER						
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TITLE	<u>_</u> .		TITLE			
NAME STREET ADDRESS		•	NAME.	g Gray Space (S)		
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TITLE			TITLE		IN THIS SPA	ACE
NAME STREET ADDRESS			"NAME "STREET ADDRESS			
CITY-ST-ZIP			CITY-ST <sub>C</sub> ZIP			We want
TITLE NAME			TITLE NAME	i i i i i i i i i i i i i i i i i i i	en de la companya de	S. A. A. Sacra
STREET ADDRESS			STREET ADDRESS			1/12/28
CITY-ST-ZIP			CITY-ST-ZIP		A CONTRACTOR OF THE CONTRACTOR	The state of the s
TITLE NAME			NAME 1			
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP	43		
13. Thereby certify that	the information supplied with	this filing does not qualify for t	he exemption stat	ed in Sec	ction 119.07(3)(i), Florida Statutes. i furthe	r certify that the information
indicated on this re of the corporation	nort or cumplemental report is	true and accurate and that my owered to execute this report	, signature shall h:	ave the s	ame legal effect as if made under oath; th 17, Florida Statutes; and that my name ap	at Lam an officer or director

## Doaument attack # P00000 116791

2/4/02 TO WHOM IT MAY CONCERN! Enclosed is a Copy of the U.B.R. form that I got from my Computer, Enclosed is a check for 0 for 2001 and 2002 as instructed there in the mail fire. Please change alus from mactive Thanks 941- 33 6642