

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 9:01

DOCUMENT # **P01000026450**

1. Entity Name

INVERSIONES BIG PARADISE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

161 SUNNY ISLES BLVD

3. Mailing Address

161 SUNNY ISLES BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

MIAMI-DADE

Zip

33160

Country

MIAMI-DADE

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1083548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

LIZIANNY MONTIEL

Street Address (P.O. Box Number is Not Acceptable)

161 SUNNY ISLES BLVD.

City

SUNNY ISLES BCH

FL

Zip Code

33160

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$500.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.D.
MARITZA PAREDES
10275 COLLINS AVE. #817
BAL HARBOR, FL. 33154**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
LIZIANNY MONTIEL
161 SUNNY ISLES BLVD.
SUNNY ISLES BCH, FL. 33160**

TITLE
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CITY-ST-ZIP

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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 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

(305) 945-7823

CR2E034B (12/02)

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Inversiones Big Paradise, Inc.
10275 Collins Avenue Suite#817
Bal Harbor, FL 33160

November 3, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is a request for your department to reinstate Inversiones Big Paradise, Inc., whose Document Number is P01000026450 and whose federal identification number is 65-1083548, and to waive any penalties involved because we never did receive the original Uniform Business Report or subsequent mailings because we moved during the time of these mailings. Please consider the above facts and waive the penalties associated with this reinstatement. Attached is a new UBR for 2003 with all the current information and a check for the annual fee of \$150.00. We apologize for any inconvenience this has caused.

Sincerely,



Maritza Paredes
President