## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 28, 2002 8:00 am Secretary of State P01000068573 DOCUMENT # 1. Entity Name PARADISE REALTY INTERNATIONAL, INC. 05-28-2002 91776 019 \*\*\*150.00 Mailing Address Principal Place of Business 194 CRANDON BOULEVARD 104 CRANDON BOULEVARD SUITE 308. KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 45-1123274 \$8.75 Additional Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLE, WILLIAM H JR. Street Address (P.O. Box Number is Not Acceptable) TAT CRANDON BOULEVARD SUITE 308 Zip Code **KEY BISCAYNE FL 33149** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME COLE, WILLIAM H JR CRANDON BUD. NAME STREET ADDRESS 104 CRANDON BOULEVARD SUITE 988 STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME DZIURA, EDWARD C NAME STREET ADDRESS 104-CRANDON BOULEVARD SUITE 308-STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP ☐ Addition Delete TITLE: \*\* \* 2 2 5 4 5 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information epods 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 be enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if breas, with all gither like empowered. 13. I hereby certify that the information syppindicated on this report or supplemental of the corporation or the received changed, or on an attachment with

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

WILLIAM H. CONT, JR. 4/30/02 (305

☐ Change

☐ Addition