

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**  
 01-30-2002 90002 007 \*\*\*158.75

0206712 AV

**DOCUMENT # P01000074316**

1. Entity Name  
**ROYAL CASKET DISTRIBUTION CORPORATION**

Principal Place of Business

Mailing Address

~~4045 BAHIA ISLE CIRCLE~~  
~~WELLINGTON FL 33407~~

~~4045 BAHIA ISLE CIRCLE~~  
~~WELLINGTON FL 33407~~

2. Principal Place of Business

3. Mailing Address

**2401 E. ATLANTIC BLVD.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**314**

City & State  
**POMPANO BEACH**

City & State  
**FL 33062**

Zip

Country

Zip

Country

4. \*El Number  
**65-1129409**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARADISO, DON A**

~~2072 G MILITARY TR STE 9~~

~~WEST PALM BEACH FL 33467~~

Name

**2401 E. ATLANTIC BLVD. #314**

**POMPANO BEACH FL 33062**

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 **Don A. Paradiso RA** **011402**  
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D.P.T.S.</b>	<input type="checkbox"/> Delete
NAME	<b>PARADISO, DON A</b>	
STREET ADDRESS	<del>4045 BAHIA ISLE CIRCLE</del>	
CITY-ST-ZIP	<del>WELLINGTON FL 33407</del>	
TITLE	<b>/// N. POMPANO BEACH BL</b>	<input type="checkbox"/> Delete
NAME	<b>APT. 1707</b>	
STREET ADDRESS	<b>POMPANO BEACH, FL</b>	
CITY-ST-ZIP	<b>33062</b>	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

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: **Don A. Paradiso** **011402** **954-782-5006**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)