

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90184 001 \*\*\*150.00

0607869 AV

**DOCUMENT # P01000084423**

1. Entity Name  
**PARADISE DISTRIBUTORS, INC.**



Principal Place of Business  
**2073 SW DRIFTWOOD ST.  
PORT ST. LUCIE FL 34953-2156**

Mailing Address  
**PO BOX 7511  
PORT ST. LUCIE FL 34985-7551**

2. Principal Place of Business  
**1106 Magnolia Bluff Dr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 366**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Palm City, FL**

City & State  
**Palm City, FL**

4. FEI Number **22-3822254**

Applied For  
☐ Not Applicable

Zip  
**34990**

Country  
**Martin**

Zip  
**34990**

Country  
**Martin**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LINARES, ROSE A  
2073 SW DRIFTWOOD ST.  
PORT ST. LUCIE FL 34953-2156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **LINARES, MANNY**  
STREET ADDRESS **2073 SW DRIFTWOOD ST.**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34953-2156**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Linares, Manny**  
STREET ADDRESS **1106 Magnolia Bluff Dr.**  
CITY-ST-ZIP **Palm City, FL 34990**

TITLE **VD** ☐ Delete  
NAME **LINARES, ROSE A**  
STREET ADDRESS **2073 SW DRIFTWOOD ST.**  
CITY-ST-ZIP **PORT ST. LUCIE FL 34953-2156**

TITLE **VD** ☒ Change ☐ Addition  
NAME **Linares, Rose A.**  
STREET ADDRESS **1106 Magnolia Bluff Dr.**  
CITY-ST-ZIP **Palm City, FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROSE A LINARES** **REQUIRED** President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-03 772-336-0090**  
Date Daytime Phone #

CR2E034 (10/02)