

**CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 2

DOCUMENT # **PO1000091768**  
1. Entity Name  
**Paradise Home Title, Inc**



**FILED**  
**Jun 13, 2003 8:00 A.M.**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2000 Glades Road</b> Suite, Apt. #, etc. <b>Suite 212</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country		3. Mailing Address <b>2000 Glades Road</b> Suite, Apt. #, etc. <b>Suite 212</b> City & State <b>Boca Raton, FL</b> Zip <b>33431</b> Country	
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**900020429449**  
**06/03/03--01086--017 \*\*150.00**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1142233</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Tammy B. Saltzman Esq**  
Street Address (P.O. Box Number is Not Acceptable)  
**2000 Glades Rd. Suite 212**  
**Boca Raton FL** Zip Code **33431**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

**PO**  
TITLE **President/owner**  
NAME **Saltzman, Tammy B.**  
STREET ADDRESS **2000 Glade Road #212**  
CITY-ST-ZIP **Boca Raton, FL 33431**

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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 617, 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

**5/22/03**

Date

**561-417-4300**

Daytime Phone #

CR2E037B (12/02)



## Paradise Home Title, Inc.

2000 Glades Road • Suite 212  
Boca Raton, Florida 33431  
Phone: (561) 417-4300  
Fax: (561) 417-4327

*Page 2*

May 22, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Paradise Home Title, Inc.  
EIN # 65-1142233/ 2003 UBR

To whom it may concern:

This is to inform you that Paradise Home Title, Inc. did not receive the attached form in January. Within the last few months we have changed suite numbers, this could be why we never received this form. For future reference please correct our suite number 212 in your system.

Sincerely,

*Jennifer Lenett*

Jennifer Lenett  
Office Manager

*per conversation with Ms. Saltman on 6/13/03  
Place titles of President & Owner in  
SPACE 10.*