

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

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90075 009 ***150.00

DOCUMENT # P01000100 886

1. Entity Name

PARADISE RESORT PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

44025442

2. Principal Place of Business

6500 N. MILITARY TRAIL

3. Mailing Address

44 COCOANUT ROW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT B-301

City & State

WEST PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

65-1152553

Applied For

Not Applicable

Zip

33407

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAY HIRSCH

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

44 COCOANUT ROW

APT. B-301

City

PALM BEACH

FL

Zip Code

33480

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

JAY HIRSCH, PRESIDENT

4/6/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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
JAY HIRSCH
44 COCOANUT ROW, B-301
PALM BEACH, FL 33480

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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

JAY HIRSCH

PRESIDENT

4/6/04

Date

Daytime Phone #

CR2E034B (12/02)