

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90028 048 \*\*\*150.00

CORPORATION DIV

**DOCUMENT # P02000019983**

1. Entity Name  
**PARADISE CONSTRUCTION CORP.**



Principal Place of Business  
**9810 SW 80 DRIVE  
MIAMI, FL 33173**

Mailing Address  
**9810 SW 80 DRIVE  
MIAMI FL 33173**

2. Principal Place of Business  
**7515 SW 153 CT**

3. Mailing Address  
**7515 SW 153 CT**

Suite, Apt. #, etc.  
**# 108**

City & State  
**MIAMI, FL 33193**

City & State  
**MIAMI, FL 33193**

Zip Country  
Country

4. FEI Number  
**01-0608802**

Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORONADO, NESTOR  
7360 CORAL WAY  
SUITE 21  
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CASTRO, MIGUEL J</b> <b>9810 SW 80 DRIVE</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Delete <b>REQUEIRO-PEREZ, JESUS G</b> <b>9810 SW 80 DRIVE</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>CASTRO, MIGUEL J</b> <b>9810 SW 80 DRIVE</b> <b>MIAMI FL 33173</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CASTRO, MIGUEL J</b> <b>7515 SW 153 CT APT# 108</b> <b>MIAMI, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VALDES, JULIO R</b> <b>7515 SW 153 CT APT# 108</b> <b>MIAMI, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CASTRO, MIGUEL J</b> <b>7515 SW 153 CT APT# 108</b> <b>MIAMI, FL 33193</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **SIGNATURE REQUIRED** **1-29-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)