

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90119 042 \*\*\*158.75

**DOCUMENT # P02000034435**

1. Entity Name  
**ISLAND PARADISE RESTAURANT, INC.**



Principal Place of Business  
**4493 NW 64 ST  
COCONUT CREEK FL 33073**

Mailing Address  
**4493 NW 64 ST  
COCONUT CREEK FL 33073**



2. Principal Place of Business

3. Mailing Address  
**P.O. Box 970297**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**COCONUT CREEK**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State  
**FL 33097**

4. FEI Number

**30-0067483**

Applied For

Not Applicable

Zip

Country

Zip  
**33097**

Country

**USA**

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PITTER, CARL S  
7447 NW 57 ST  
TAMARAC FL 33319**

7. Name and Address of New Registered Agent

Name **Janet B. Anselm**  
Street Address (P.O. Box Number is Not Acceptable)  
**4493 N.W. 64th Street**  
**COCONUT CREEK FL. 33073**  
City **COCONUT CREEK FL. FL** Zip Code **33073**

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANSELM, JANET B</b> <b>4493 NW 64 ST</b> <b>COCONUT CREEK FL 33073</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANSELM, EARL J</b> <b>4493 NW 64 ST</b> <b>COCONUT CREEK FL 33073</b>	<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
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"/> Change <input type="checkbox"/> Addition
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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 of Janet B. Anselm)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954 648 1346**

CR2E034 (10/02)