

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000061000

1. Entity Name  
PARADISE PIZZERIA AND PUB INC.



Principal Place of Business  
610 GREENE STREET  
KEY WEST FL 33040

Mailing Address  
610 GREENE STREET  
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

330-106283

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNAPIK, NICOLAS  
1800 ATLANTIC BLVD., (A313)  
KEY WEST FL 33040

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

*Nicolas J. Knapik*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/25/03  
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 PD ☒ Delete  
NAME MAS, DARREN  
STREET ADDRESS 1800 ATLANTIC BLVD.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE PD ☒ Delete  
NAME MAS, HEATHER  
STREET ADDRESS 1800 ATLANTIC BLVD.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE PD ☐ Delete  
NAME KNAPIK, NICOLAS J  
STREET ADDRESS 1800 ATLANTIC BLVD.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE PD ☐ Delete  
NAME KNAPIK, MELANIE C  
STREET ADDRESS 1800 ATLANTIC BLVD.  
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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:

*Nicolas J. Knapik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 (305) 296-8300  
Date Daytime Phone #

CR2E034 (10/02)

0177659 AV

FILED  
Apr 28, 2003 8:00 am  
Secretary of State  
04-28-2003 91835 015 \*\*\*150.00