

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90280 022 ***150.00

DOCUMENT # *P02000105918*

1. Entity Name

Living in Paradise, Inc.



DO NOT WRITE IN THIS SPACE

44026979

2. Principal Place of Business

7613 NW 18th Court

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Margate, Florida

City & State

4. FEI Number

51-0430789

Applied For

Not Applicable

Zip

33063

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

John A. Gentile

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

1601 N Palm Ave., Suite 212

City

Pembroke Pines

FL

Zip Code

33026

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

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
*D P
7613 NW 18th Court
Margate, FL 33063*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D S T
Lena Midas
7613 NW 18th Court
Margate, FL 33063*

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CITY-ST-ZIP

**DO NOT WRITE
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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04

Date

Daytime Phone #

CR2E034B (12/02)

Attachment
44026979



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Business Entity Name

LIVING IN PARADISE, INC.

FEI Number

510430789

FEI Number Status

☒ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☐ No

Principal Place of Business

Address

7613 N.W. 18TH COURT

Suite, Apt. #, etc.

City, State

MARGATE

FL

Zip Code & Country

33063

Mailing Address

Address

7613 N.W. 18TH COURT

Suite, Apt. #, etc.

City, State

MARGATE

FL

Zip Code & Country

33063

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

GENTILE

JOHN

D

-or- RA Business Name

Address

1601 N. PALM AVENUE, SUITE 212

Suite, Apt. #, etc.

City, State

PEMBROKE PINES

FL

Zip Code & Country

33026

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment

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Business Entity Name

LIVING IN PARADISE, INC.

Election Campaign Financing Trust Fund Contribution ● Yes ● No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address