

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90108 028 \*\*\*158.75

DOCUMENT # P02000132167

1. Entity Name

PLEASURE ISLAND ENTERTAINMENT CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
7701 CAMINO REAL

3. Mailing Address  
7701 CAMINO REAL

Suite, Apt. #, etc.  
APT A- 315

Suite, Apt. #, etc.  
APT A- 315

City & State  
MIAMI FLORIDA

City & State  
MIAMI FLORIDA

Zip  
33143

Country  
DADE

Zip  
33143

Country  
DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
CORPORATE INVESTMENTS SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable)  
7501 TREASURE DR NORTH BAY VILLAGE

City  
MIAMI BEACH

FL

Zip Code  
33141

**DO NOT WRITE  
IN THIS SPACE**

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

LEONARDO A.E SCINTO

4/25th/03

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
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

PRESIDT-SECT-TREAS-D  
SCINTO LEONARDO A.E  
7701 CAMINO REAL APT A -315  
MIAMI BEACH 33141

**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:

LEONARDO A.E SCINTO (786)488-9480

4/25th/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #