

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90092 006 ***150.00

DOCUMENT # P93000007790

1. Entity Name

Florida Paradise Vacations, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4924 VICEROY ST.

3. Mailing Address

4924 VICEROY ST.

Suite, Apt. #, etc.

A-4

Suite, Apt. #, etc.

A-4

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

651056510

Applied For

Not Applicable

Zip

33904

Country

U.S.A.

Zip

33904

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL SWANSON

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

AT-I SYSTEMS INC

1405-2 SE 47TH ST.

City

CAPE CORAL

FL

Zip Code

33904

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. 1)

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ALEXANDER, HELGA
4924 VICEROY ST. UNIT A-4
CAPE CORAL, FL. 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
ALEXANDER, JACK
4924 VICEROY ST. UNIT A-4
CAPE CORAL, FL. 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

HELGA ALEXANDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2002

Date

705-876-0622

CR2E034B (12/01)



Division of Corporations

Uniform Business Report

Page 1

Document Number

P93000007790

Business Entity Name

FLORIDA PARADISE VACATIONS, INC.

FEI Number

650377664

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

4924 VICEROY ST.

Suite, Apt. #, etc.

UNIT A4

City, State

CAPE CORAL

FL

Zip Code & Country

33904

US

Mailing Address

Address

4924 VICEROY ST

Suite, Apt. #, etc.

UNIT A4

City, State

CAPE CORAL

FL

Zip Code & Country

33904

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

Corporate Name

ATI SYSTEM INC, PAUL SWANSON

Address

1405-2 SE 47TH STREET

Suite, Apt. #, etc.

City, State

CAPE CORAL

FL

Zip Code & Country

33904

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

Helga Chyandey