May 01, 2003 8:00 am Secretary of State

05-01-2003 90405 024 \*\*\*150.00

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P93000024551

1. Entity Name

PARADISE INTERNATIONAL RESORT MARKETING, INC.



						14.50	E INS						
Principal Place of Business 2419 E. COMMERCIAL BLVD. SUITE 100 FT LAUDERDALE FL 33308			2419 SUITE	Mailing Address 2419 E. COMMERCIAL BLVD. SUITE 100 FT LAUDERDALE FL 33308									1 <b>6111</b> 414 111
2. Principal P	lace of Busin	ess	3, Mail	3. Mailing Address							en e		1 1871 1871 1871
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.					☐ CHE	CK HERI	E IF MAKING	CHANGES	3
City & Stat	e		City	City & State				4. FEI Number 65-0399292 Applied For Not Applicable					
Zip Country			Zip	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required					dditional
6. Name and Address of Current Registered Agent							·	7. Name and	d Address	of New	Registered	Agent	
·						Name							
BLODIG, GREGORY ESQ													
		CREEK RD., #700		Street Addres				s (P.O. Box Number is Not Acceptable)					
		•			-								
FT LAUDE	RDALE FL	33308			}								ļ
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	inamed entity ions of regist	submits this statemen ered agent.	t for the purp	ose of changing its	registered	office of	r registere	ed agent, or bo	ith, in the	State of F	iorida. Fam	tamiliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE	: Registered /	gent signat	ure required v	when reinstating)			DATE		{
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.0 Florida Department							ection Car ust Fund (				00 May Be ed to Fees
10.		OFFICERS AN	1	98	11.			ADDITIONS	/CHANGE	S TO OF	EICERS AND	DIRECTOR	5 IN 11
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<ol><li>iz. Thereby 6</li></ol>	ertity that the	information supplied w	rım tnis tiling :	does not quality for	the exemi	ption stat	tea in Sec	::ion 119.07(3)	(I), Hiorida	Statutes	. i turther cei	tiry that the i	mormation

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:

954-630-9449