

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000056029

1. Entity Name

PARADISE TO REALITY AND BACK, INC.

Principal Place of Business

Mailing Address

P.O. BOX 709  
ISLAMORADA FL 33036

P.O. BOX 709  
ISLAMORADA FL 33036-0709

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0509631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, NORMAN D  
137 PLANTATION BLVD.  
ISLAMORADA FL 33036

Name

LEVIN, NORMAN D

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

94220 OVERSEAS HWY UNIT 9B

City

TAVERNIER

FL

Zip Code

33070

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) ☐

FILE NOW!!! FEE IS \$150.00

-After MAY 1, 2000 Fee will be \$550.00-

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME LEVIN, NORMAN D  
STREET ADDRESS 137 PLANTATION BLVD  
CITY-ST-ZIP ISLAMORADA FL 33036

TITLE ☒ Change ☐ Addition  
NAME LEVIN, NORMAN D  
STREET ADDRESS 94220 OVERSEAS HWY UNIT 9B  
CITY-ST-ZIP TAVERNIER, FL33070

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 12 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NORMAN D LEVIN

Date

Daytime Phone #

FILED  
Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90099 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)