

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011204

1. Entity Name

PARADISE OF HIALEAH INC.

Principal Place of Business

592 EAST 45TH ST.  
HIALEAH FL 33013

Mailing Address

592 EAST 45TH ST.  
HIALEAH FL 33013-1920

2. Principal Place of Business

592 EAST 45th St.  
Suite, Apt. #, etc.

3. Mailing Address

Same as  
Suite, Apt. #, etc.

City & State

HIALEAH, FL 33013

City & State

Zip

Country

USA

Country

4. FEI Number

65-0644376

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

Name

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

City

FL

Zip Code

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

*Xiomara Poutou*

04/28/2000

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	PD	<input type="checkbox"/> Delete
NAME	POUTOU, XIOMARA C	
STREET ADDRESS	592 EAST 45TH ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARRAZANA, MAYLIN	
STREET ADDRESS	592 EAST 45TH ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	S	<input type="checkbox"/> Delete
NAME	POUTOU, MIGUEL	
STREET ADDRESS	592 E 45 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2000 (305) 681-9376

Date

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90916 003 \*\*\*158.75



DO NOT WRITE IN THIS SPACE