FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P96000044001 PARADISE PROPERTIES ENTERPRISE CORP. 03-02-2001 90103 046 ***150.00 Principal Place of Business Mailing Address 1305 HILL AVENUE 1305 HILL AVENUE MANGONIA PARK FL 33407 MANGONIA PARK FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0670048 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HACK, GEORGE S Street Address (P.O. Box Number is Not Acceptable) 1305 HILL AVENUE MANGONIA PARK FL 33407 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE □ Delete TITLE Change HACK, GEORGE SR. NAME NAME 1305 HILL AVENUE STREET ADDRESS STREET ADDRESS MANGONIA PARK FL 32407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HACK, GEORGE NAME NAME 1305 HILL AVENUE STREET ADDRESS STREET ADDRESS MANGONIA PARK FL 32407 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition HACK, THOMAS P NAME NAME 1305 HILL AVENUE STREET ADDRESS STREET ADDRESS MANGONIA PARK FL 32407 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filting 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 the endough of the corporation of the corporation or the receiver of trustee empowered to execute the endough of the corporation of the corporation of the receiver of trustee empowered to execute the endough of the corporation of the corp

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Hack

16/01 561-84

Daytime Phone #

CR2E034 (10/00