

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103051

1. Entity Name

PARADISE S.T. (USA) INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90099 022 ***150.00

Principal Place of Business 11810 ROSEMOUNT DRIVE FORT MYERS FL 33913	Mailing Address 11810 ROSEMOUNT DRIVE 777 LANTANA ROAD FORT MYERS FL 33913-8333
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940500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 11810 ROSEMOUNT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT MYERS FL	
Zip	Country	Zip 33913	Country USA

4. FEI Number 65-0717272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HOOK, PENNY A
 %COLUMBIA REALTY GROUP INC
 19850 BRECKENRIDGE DR STE A
 ESTERO FL 33928

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SPOGLER, DIETRICH 11810 ROSEMOUNT DR FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SPOGLER, VALERIA 11810 ROSEMOUNT DR FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Valeria Spogler VALERIA SPOGLER Date: 4.15.2000 Daytime Phone #: 941-561-7904

CR2E034 (9/99)