2001 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2001 8:00 am DOCUMENT # P97000027298 **Secretary of State** 1. Entity Name PARADISE LAND CORPORATION 01-24-2001 90073 016 ***150.00 Principal Place of Business Mailing Address 633 S FEDERAL HWY 633 S FEDERAL HWY 8TH FLOOR 8TH FLOOR UUUU7435 FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0736987 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired - -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTEL, HARVEY Street Address (P.O. Box Number is Not Acceptable) 633 S FEDERAL HWY 8TH FLOOR FT LAUDERDALE FL 33301 City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE **I** Delete TITLE Change PD NAME SCHMIDT, MARK L NAME Schmidt, Mark L. STREET ADDRESS STREET ADDRESS 6020 SW 18TH STREET 11920 S.W. 22nd Court CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33317 Davie, Florida TITLE **X**Delete TITLE XX Change Addition NAME SCHMIDT, CELIA NAME Schmidt, Mark L. STREET ADDRESS STREET ADDRESS 6020 SW 18TH STREET 11920 S. W. 22nd Court CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 <u>Davie, Florida</u> ☐ Addition TITLE VSTD Delete . TITLE NAME MATTEL, HARVEY NAME STREET ADDRESS STREET ADDRESS 633 SOUTH FEDERAL HIGHWAY, 8TH FLOOR CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied ental 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. 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 any address, with air other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIE

ORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

19/00

954763 5095

Daytime Phone #