

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027298

1. Entity Name
PARADISE LAND CORPORATION

Principal Place of Business
633 S FEDERAL HWY
8TH FLOOR
FT LAUDERDALE FL 33301

Mailing Address
633 S FEDERAL HWY
8TH FLOOR
FT LAUDERDALE FL 33301

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 65-0736987

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

MATTEL, HARVEY
633 S FEDERAL HWY
8TH FLOOR
FT LAUDERDALE FL 33301

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, 2002 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
NAME SCHMIDT, MARK L
STREET ADDRESS 11920 SW 22ND COURT
CITY-ST-ZIP DAVIE FL 33325 ☐ Delete

TITLE VP
NAME Celia Schmidt
STREET ADDRESS 11920 SW 22nd Court
CITY-ST-ZIP Davie, FL 33325 ☐ Change ☒ Addition

TITLE VP
NAME SCHMIDT, MARK
STREET ADDRESS 11920 SW 22ND COURT
CITY-ST-ZIP DAVIE FL 33325 ☒ Delete

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

TITLE VSTD
NAME MATTEL, HARVEY
STREET ADDRESS 633 SOUTH FEDERAL HIGHWAY, 8TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 registered agent 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: Harvey Mattel, Vice President 1/7/02 954.763.5095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0304488 AV

CR2E034 (9/01)

FILED
Jan 10, 2002 8:00 am
Secretary of State
01-10-2002 90002 023 ***150.00

001229



DO NOT WRITE IN THIS SPACE