

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032752

1. Entity Name

FILM PARADISO, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90064 023 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

315 COREY AVE
ST PETER BEACH FL 33706
US

315 COREY AVE
ST PETE BEACH FL 33706-1816
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3442508

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROLFE, THOMAS C
4209 GULF BLVD
ST-PETERSBURG BCH FL 33706

Name

JOANNA CHOULS

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

6220 7th Ave N

City

ST. PETE

FL

Zip Code

33710

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

Joanna Chouls

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/25/00

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	VD	<input type="checkbox"/> Delete
NAME	CHOULS, RAZA I	
STREET ADDRESS	910 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHOULS, GILLIAN J	
STREET ADDRESS	910 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHOULS, JOANNA	
STREET ADDRESS	910 PINELLAS BAYWAY	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLFE, THOMAS C	
STREET ADDRESS	4562 14 AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOULS, RAZA I	
STREET ADDRESS	3730 BELLE VISTA DR	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOULS, GILLIAN J	
STREET ADDRESS	3730 BELLE VISTA DR	
CITY-ST-ZIP	ST. PETE BEACH, FL 33706	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOULS, JOANNA	
STREET ADDRESS	6220 7th Ave N	
CITY-ST-ZIP	ST. PETE, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Joanna Chouls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/25/00

Daytime Phone #

(727) 345-3041

CR2E034 (9/99)