

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059989

1. Entity Name

PARADISE ELECTRIC, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90038 025 ***150.00

Principal Place of Business Mailing Address
2573 RIVA CT 2573 RIVA CT
ORLANDO FL 32817 ORLANDO FL 32817-4712

2. Principal Place of Business 3. Mailing Address
9618 Banderier Drive Same

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Orlando, FL

Zip Country Zip Country

32817 USA

4. FEI Number 59-3458273 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

LADINES, RENE
2573 RIVA CT
ORLANDO FL 32817

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 Rene J. Ladines

2-1-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P LADINES, RENEE ☐ Delete
NAME
STREET ADDRESS 2573 RIVA CT.
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☒ Change ☐ Addition
NAME 9618 Banderier Drive
STREET ADDRESS
CITY-ST-ZIP Orlando, FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rene J. Ladines

Date

Daytime Phone #

2-1-00 407/673-7291