## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P97000101012 Mar 31, 2000 8:00 am **Secretary of State** DESTINATION PARADISE INTERNATIONAL INCORPORATED 03-31-2000 90082 024 \*\*\*150.00 Principal Place of Business Mailing Address 6764 CANARY PALM CIRCLE 6764 CANARY PALM CIRCLE BOCA RATON FL 33433-6462 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0807111 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANTIGLIA, ANGELA Street Address (P.O. Box Number is Not Acceptable) 6764 CANARY PALM CIRCLE **BOCA RATON FL 33433** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE SANTIGLIA, ANGELA NAME STREET ADDRESS 6764 CANARY PALM CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIE

TITLE NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/1/00

521-367- 9829

Daytime Phone #

☐ Change

Change

☐ Addition

Addition