

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90190 050 ***150.00

DOCUMENT # P97000101012

1. Entity Name
DESTINATION PARADISE INTERNATIONAL INCORPORATED



Principal Place of Business
**6764 CANARY PALM CIRCLE
BOCA RATON FL 33433**

Mailing Address
**6764 CANARY PALM CIRCLE
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

5452 FOX HOLLOW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON

SAME

Zip

Country

Zip

Country

33486

USA

"

"



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0807111**

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

**SANTIGLIA, ANGELA
6764 CANARY PALM CIRCLE
BOCA RATON FL 33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SANTIGLIA, ANGELA**
STREET ADDRESS **6764 CANARY PALM CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **5452 FOX HOLLOW DR** ☐ Change ☐ Addition
NAME **BOCA RATON, FL 33486**
STREET ADDRESS
CITY-ST-ZIP

TITLE **ANGELA SANTIGLIA** ☐ Delete
NAME **3452 FOX HOLLOW DR**
STREET ADDRESS **BOCA RATON, FL 33486**
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SANTIGLIA, ANGELA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 66-367-9829
Date Daytime Phone #

CR2E034 (10/02)