

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91513 007 ***150.00

DOCUMENT # **P-97000103066**

1. Entity Name

PALADIN LTD INC

043245

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4530 MADISON ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FLA

City & State

4. FEI Number

65-0795410

Applied For
Not Applicable

Zip

Country

33021

USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DANIEL A MODAS

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

1215 SE 2nd ST

City

FT LAUDERDALE

FL

Zip Code

33335

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

Daniel A Modas

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

(NOTE: Registered Agent signature required when resigning)

DAIL

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

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

TITLE **Pres**
NAME **JEFFREY DELSANTO**
STREET ADDRESS **2200 N. 46th AVE**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE **VP**
NAME **LORI A. NICOLAOU**
STREET ADDRESS **2200 N. 46th AVE**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE **Secy**
NAME **RICHARD J. DELSANTO**
STREET ADDRESS **4530 MADISON ST**
CITY-ST-ZIP **Hollywood FL 33021**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. DelSanto

4/17/02

Date

954-610-9928

Daytime Phone #

954-610-9928

CR2E034B (12/01)