

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029111

1. Entity Name

PARADISE PETROLEUM OF DELRAY, INC.

**FILED**  
**Feb 18, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90107 024 \*\*\*150.00

Principal Place of Business

Mailing Address

5010 W ATLANTIC  
BEACH FL 33484

5010 W ATLANTIC  
DERALY BEACH FL 33484-8129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0823104

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

TILLEM, SCOTT E  
10 FAIRWAY DRIVE SUITE 219  
DEERFIELD BEACH FL 33441

Name

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

5010 W. ATLANTIC

City

DELRAY BEACH

FL

Zip Code

33484

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

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	PD	<input type="checkbox"/> Delete
NAME	FALZONE, JAMES	
STREET ADDRESS	8021 MIZNER LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	FALZONE, JAMES JR	
STREET ADDRESS	8043 MIZNER LANE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SACKTER, RICHARD	
STREET ADDRESS	1712 RYTON LANE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALZONE, JAMES	
STREET ADDRESS	5010 W. ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALZONE, JAMES JR	
STREET ADDRESS	5010 W. ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/00 (561) 495-5525  
Date Daytime Phone #

CR2E034 (9/99)