

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052663

1. Entity Name

PARADISE HARDWARE STORE, INC.

Principal Place of Business

Mailing Address

11510 BISCAYNE BLVD
MIAMI FL 33181

11510 BISCAYNE BLVD
MIAMI FL 33181-3106

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

65-0843903

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

VALDES, VICTOR H
21445 NE 19 CT
MIAMI FL 33179

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

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 checked="" type="checkbox"/> Delete
NAME	VALDES, VICTOR H	
STREET ADDRESS	21445 NE 19 CT BLVD	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, ALEJANDRO	
STREET ADDRESS	1755 NE 175 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, WILLIAM	
STREET ADDRESS	1714 NE 175 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VALDES, VICTOR H SR	
STREET ADDRESS	1714 NE 175 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, EDUARDO U	
STREET ADDRESS	1571 NE 175 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, PEDRO	
STREET ADDRESS	17 98 NE 175 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES VICTOR H	
STREET ADDRESS	21445 NE 19 CT BLVD MIAMI FL 33179	
CITY-ST-ZIP		
TITLE	SD, PEDRO VALDES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1798 NE 175 ST.	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
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

04/28/00 (305) 893-9357

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE