2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9900003695 00 SEP 15 PM 2: 51 1. Entity Name PARADISE GARDENS CARE INC. Sucpetably of State. Thereasiaster, floriba Principal Place of Business Mailing Address 4199 SW 142ND AVENUE 4199 SW 142ND AVENUE . MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address 41995.W SAME Suite, Apt. #, etc. Suite, Apl. #. etc. DO NOT WRITE IN THIS SPACE HOME HOME City & State City & State Applied For HAHI-FLORIDA LAM. FLORIDA Not Applicable Country Country \$8.75 Additional 33175 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTEGA, MIRTA Street Address (P.O. Box Number is Not Acceptable) 4199 SW 142ND AVENUE MIAMI FL 33175 Zip Code 8. Yhe 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 FILE NOW!!! FEE.IS \$550.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Defete TITLE Change Addition NAME ORTEGA, MIRTA ŇME STREET ADORESS STREET ADDRESS 4199 SW 142ND AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 TITLE ☐ Change ☐ Addition TITLE ☐ Delate NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS 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.