

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015673

1. Entity Name

PARADISE KIDS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90009 048 ***550.00

Principal Place of Business

11 SE 14TH ST.
DANIA FL 33004

Mailing Address

11 SE 14TH ST.
DANIA FL 33004

2. Principal Place of Business

11 SE 14TH STREET

3. Mailing Address

11 SE 14TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA, FL

City & State

DANIA FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

65-0899058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZAWISTOWSKI, ADAM
11 SE 14TH ST.
DANIA FL 33004

7. Name and Address of New Registered Agent

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: *Adam Zawistowski*
Signature, typed or printed name of registered agent and title if applicable.

Adam Zawistowski

9/13/2000

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE D ☐ Delete
NAME ZAWISTOWSKI, ADAM
STREET ADDRESS 11 SE 14TH ST.
CITY-ST-ZIP DANIA FL 33004

TITLE D ☐ Delete
NAME GRAHAM, KATHY T
STREET ADDRESS 11 SE 14TH ST.
CITY-ST-ZIP DANIA FL 33004

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/2000

Date

954
927-7314

Daytime Phone #

CR2E034 (5/00)