

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017893

1. Entity Name

PARADISE HOME SITES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91126 038 ***150.00

Principal Place of Business

261 S. TAMiami TRAIL
NOKOMIS FL 34275

Mailing Address

261 S. TAMiami TRAIL
NOKOMIS FL 34275

2. Principal Place of Business

1531 S. Tamiami Trl
Suite, Apt. #, etc.
703

3. Mailing Address

1531 S. Tamiami Trl
Suite, Apt. #, etc.
703

City & State

Venice, FL

City & State

Venice, FL

Zip

34292

Country

USA

Zip

34292

Country

USA

4. FEI Number

65-0955962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHLEIF, ROD
261 S. TAMiami TRAIL
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name Rod Khleif

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

1531 S. Tamiami Trl # 703

City Venice

FL

Zip Code 34292

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

4-30-01

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, 2001 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

TITLE D ☐ Delete
NAME KHLEIF, ROD
STREET ADDRESS 261 S. TAMiami TRAIL
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME Rod Khleif
STREET ADDRESS 1531 S. Tamiami Trl # 703
CITY-ST-ZIP Venice, FL 34292

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROD KHLEIF

Date

Daytime Phone #

4-27-01 941 497 4000

CR2E034 (10/00)

0417578