

2001 UNIFORM BUSINESS REPORT (UBR)

5/3/0

FILED

May 24, 2001 8:00 am
Secretary of State

05-03-2001 90048 018 ***150.00

DOCUMENT # P99000032419

1. Entity Name

PARADISE DUMOND CORPORATION

Principal Place of Business

9350 S DIXIE HWY PH-2
MIAMI FL 33156

Mailing Address

9350 S DIXIE HWY PH-2
MIAMI FL 33156

2. Principal Place of Business

3440 Hollywood Blvd

Suite, Apt. #, etc.

360

City & State

Hollywood, FL

Zip

33021

Country

U.S.A.

3. Mailing Address

3440 Hollywood Blvd

Suite, Apt. #, etc.

360

City & State

Hollywood, FL

Zip

33021

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

47092

4. FEI Number APPLIED FOR

65-0910712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A
9350 S DIXIE HWY PH-2
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: ROTH, LEONARDO A. EEC

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

3440 Hollywood Blvd, Suite 360

City: Hollywood

FL

Zip Code

33021

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 re-issuing)

DATE

LEONARDO A. ROTH, EEC 4-25-01

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	PSTD	<input type="checkbox"/> Delete
NAME	MAMBRINI, JORGE M	
STREET ADDRESS	9350 S DIXIE HWY PH-2	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAMBRINI, JORGE M	
STREET ADDRESS	9350 S DIXIE HWY PH-2	
CITY-ST-ZIP	MIAMI FL 33156	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, S, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMBRINI, JORGE M	
STREET ADDRESS	3440 Hollywood Blvd, Suite 360	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMBRINI, JORGE M	
STREET ADDRESS	3440 Hollywood Blvd, Suite 360	
CITY-ST-ZIP	Hollywood, FL 33021	
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:

MAMBRINI, JORGE M (PSTD) 4-25-01 954-822-4280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)