

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039492

1. Entity Name

DOLLAR PARADISE, INC.

Principal Place of Business

520 BRICKELL KEY DR., STE. 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR., STE. 0-305
MIAMI FL 33131-2610

2. Principal Place of Business

240 71st Street

Suite, Apt. #, etc.

3. Mailing Address

240 71st Street

Suite, Apt. #, etc.

City & State

Miami Beach

Zip

FLORIDA

Country

33141

City & State

Miami Beach

Zip

Florida

Country

33141

4. FEI Number

65-0916058

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANHAM, NICHOLAS ESQ
520 BRICKELL KEY DR., STE. 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

ISNAR DANTAS de Oliveira

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

240 71st Street

City

Miami Beach

FL

Zip Code

33141

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

03/14/00

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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OLIVEIRA, MARIA | |
| STREET ADDRESS | 240 71ST ST. | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE | VP/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Oliveira, Maria de | |
| STREET ADDRESS | 240 71st St. | |
| CITY-ST-ZIP | Miami Beach, FL 33141 | |
| TITLE | P/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Oliveira, Isnar Dantas de | |
| STREET ADDRESS | 240 71st St. | |
| CITY-ST-ZIP | Miami Beach, FL 33141 | |
| 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

03/14/00

Date

305 9931032.

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE