

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90002 050 ***150.00

DOCUMENT # **P99000039492**

1. Entity Name
DOLLAR PARADISE, INC.

Principal Place of Business
**240 -71ST ST.
MIAMI BCH FL 33141**

Mailing Address
**240 -71ST ST.
MIAMI BCH FL 33141**

2. Principal Place of Business
240 71st STREET
Suite, Apt. #, etc.

3. Mailing Address
240 71st STREET
Suite, Apt. #, etc.

City & State
MIAMI Bch FL
Zip
33141
Country
USA

City & State
MIAMI Bch FL
Zip
33141
Country
USA

4. FEI Number **65-0916058**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE OLIVEIRA, ISNAR D
240 -71ST ST.
MIAMI BCH FL 33141**

Name
OLIVEIRA, ISNAR D
Street Address (P.O. Box Number is Not Acceptable)
240 71st STREET
City
MIAMI Bch 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 **Isnar S. D. Oliveira**

DATE **02/13/02**

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, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
OLIVEIRA, ISNAR D
8777 COLLINS AVE #1202
MIAMI BEACH FL 33154** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
OLIVEIRA, ISNAR S
8777 COLLINS AVE #1202
MIAMI BEACH FL 33154** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
OLIVEIRA, ISNAR D
1249 BISCAYA DR.
SURFSIDE, FL 33154** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE - PRESIDENT
OLIVEIRA, ISNAR S.
8777 COLLINS AVE #1202
SURFSIDE, FL 33154** ☒ Change ☐ Addition

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

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

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

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

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

DATE **02/09/2002** 786-229-776

Date Daytime Phone #

CR2E034 (9/01)