2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90115 038 ***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.

☐ CHECK HERE IF MAKING CHANGES

City & State: MIAMI BEACH, FL 33141
Zip: 33141 Country: USA

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Zip: 33141 Country: USA

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

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

7. Name and Address of New Registered Agent

Name: DE OLIVEIRA, ISNAR D
Street Address (P.O. Box Number is Not Acceptable): 240 71 ST 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature of or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	OLIVEIRA, ISNAR D	
STREET ADDRESS	1249 BISCAYA DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
TITLE	VP	☐ Delete
NAME	OLIVEIRA, ISNAR S	
STREET ADDRESS	8777 COLLINS AVE #1202	
CITY-ST-ZIP	MIAMI BEACH FL 33154	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	☑ Change ☐ Addition
NAME	OLIVEIRA, ISNAR D.	
STREET ADDRESS	1249 BISCAYA DR.	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	VP	☑ Change ☐ Addition
NAME	OLIVEIRA, ISNAR S	
STREET ADDRESS	8777 COLLINS AV #1202	
CITY-ST-ZIP	SURFSIDE, FL 33154	
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		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 06/04/2003 — 305-993-1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #