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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
240 71 ST STREET	240 71 ST STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL 33141	City & State: MIAMI BEACH, FL 33141
Zip: 33141 Country: USA	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	7. Name and Address of New Registered Agent
DE OLVEIRA, ISNAR D 240 -71ST ST. MIAMI BCH FL 33141	Name: DE OLIVEIRA, ISNAR D Street Address (P.O. Box Number is Not Acceptable): 240 171 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 required of 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLIVEIRA, ISNAR D 1249 BISCAYA DR. MIAMI BEACH FL 33154	☐ Delete	P OLIVEIRA, ISNAR D. 1249 BISCAYA DR. SURFSIDE, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLIVEIRA, ISNAR S 8777 COLLINS AVE #1202 MIAMI BEACH FL 33154	☐ Delete	VP OLIVEIRA, ISNAR S 8777 COLLINS AV #1202 SURFSIDE, FL 33154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 06/04/2003 305-893-1032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #