

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050098

1. Entity Name

PARADISE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

235 SUNRISE AVE., STE. C-24
PALM BEACH FL 33480

235 SUNRISE AVE., STE. C-24
PALM BEACH FL 33480-3812

2. Principal Place of Business

1860 UPPER COVE TERR.

Suite, Apt. #, etc.

3. Mailing Address

141 N. BEACON POINT LWP S.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

LILLIAN, WA

Zip

34231

Country

USA

Zip

98555

Country

USA

4. FEI Number

☒ 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

BECK, CHRISTOPHER R
235 SUNRISE AVE., STE. C-24
PALM BEACH FL 33480

Name

CHRISTOPHER R. BECK

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

1860 UPPER COVE TERR.

City

SARASOTA

FL

Zip Code

34231

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

Christopher R. Beck

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/28/00

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BECK, CHRISTOPHER R
STREET ADDRESS 235 SUNRISE AVE., STE. C-24
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Christopher R. Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00 (941) 928-0420

Date

Daytime Phone #

FILED

00 OCT -2 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

REINSTATEMENT 00 TS