

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051208

1. Entity Name

MIAMI PARADISE SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90076 041 ***150.00

Principal Place of Business

Mailing Address

5445 COLLINS AVE
#1135
MIAMI BEACH FL 33140

5445 COLLINS AVE
#1135
MIAMI BEACH FL 33140-2550

2. Principal Place of Business

5555 Collins AVE

Suite, Apt. #, etc.

5th B

City & State
MIAMI BEACH FL

Zip
33140

Country

3. Mailing Address

5555 Collins AVE

Suite, Apt. #, etc.

5th B

City & State
MIAMI BEACH FL

Zip
33140

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0956349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INGIANNA, DANIEL
5445 COLLINS AVE
#1135
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

INGIANNA, DANIEL

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

5555 Collins AVE

5th B

City

MIAMI BEACH FL

FL

Zip Code

33140

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

4-18-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
INGIANNA, DANIEL
5445 COLLINS AVE
MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
BERNEJO, JORGE
5445 COLLINS AVE
MIAMI BEACH FL 33140 ☐ 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
PSD
INGIANNA, DANIEL
5555 Collins AVE
MIAMI BEACH FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
BERNEJO, JORGE
5555 Collins AVE
MIAMI BEACH FL 33140 ☒ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00

CR2E034 (9/99)