

2001 UNIFORM BUSINESS REPORT (UBR)

08-29-2001 90006 002 ***550.00
P99000051208

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DOCUMENT # P99000051208

1. Entity Name
MIAMI PARADISE SERVICES, INC.

FILED

01 NOV 15 PM 6:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5555 COLLINS AVE 5555 COLLINS AVE
50 B 50 B
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140

2. Principal Place of Business 3. Mailing Address
1380 W. FLAGLER STREET 1380 W. FLAGLER STREET
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL 33135 Miami, FL
Zip Country Zip Country
Miami-Dade 33135 Miami-Dade

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

7. Name and Address of New Registered Agent

INGIANNI, DANIEL
5555 COLLINS AVE
50 B
MIAMI BEACH FL 33140

Name: Bernardo, Jorge A.
Street Address: 1380 W. FLAGLER STREET
City: Miami, FL 33135 FL Zip Code

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

8/22/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSD	INGIANNI, DANIEL	5555 COLLINS AVE	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
VPS	BERNEJO, JORGE A.	5555 COLLINS AVE	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

8/22/01

(25) 678-2843

Date

Daytime Phone

CR2E034 (5/01)