

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90002 035 \*\*\*150.00

**DOCUMENT # P99000102631**

1. Entity Name  
**PARADISE MOTEL, INC.**

Principal Place of Business

**3109 BIRD'S REST PLACE  
 KISSIMMEE FL 34743**

Mailing Address

**3109 BIRD'S REST PLACE  
 KISSIMMEE FL 34743**

2. Principal Place of Business

**4501 W. Vine Street**

Suite, Apt. #, etc.

3. Mailing Address

**1221 E. Robinson St.**

Suite, Apt. #, etc.

City & State

**Kissimmee, FL**

City & State

**Orlando, FL 32801**

4. FEI Number

**59-3611293**

Applied For

Not Applicable

Zip

**34746**

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WAKEFIELD, S. CRAIG  
 1400 WEST OAK STREET  
 SUITE A  
 KISSIMMEE FL 34741**

Name

**David Fong**

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

**1221 E. Robinson St.**

City

**Orlando**

**FL**

Zip Code

**32801**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVST	SOHAN, URVASI D	3109 BIRD'S REST PLACE	KISSIMMEE FL 34743	<input type="checkbox"/>
D	SOHAN, URVASI D	3109 BIRD'S REST PLACE	KISSIMMEE FL 34743	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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)(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: Uvasi Sohan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)