

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105015

1. Entity Name

PARADISE BUSINESS BROKERS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90039 002 ***150.00

Principal Place of Business

Mailing Address

5010 W. ATLANTIC AVENUE
BEACH FL 33484

5010 W. ATLANTIC AVENUE
DELRAY BEACH FL 33484

2. Principal Place of Business

23123 US 441

3. Mailing Address

23123 US 441

Suite, Apt. #, etc.

300 A

Suite, Apt. #, etc.

300 A

City & State

Boca Raton

City & State

Boca Raton FL

Zip

33428

Country

Palm Beach

Zip

33428

Country

Palm Beach

4. FEI Number

65-0966274

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

FALZONE, JAMES
5010 W. ATLANTIC AVENUE
DELRAY BEACH FL 33484

Name

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

City

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 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, 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	PST	<input type="checkbox"/> Delete
NAME	FALZONE, JAMES	
STREET ADDRESS	5010 W. ATLANTIC AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FALZONE, JAMES	
STREET ADDRESS	5010 W. ATLANTIC AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)