

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90017 047 \*\*\*150.00

**DOCUMENT # S23761**

1. Entity Name

**PADDOCK CLUB ESTATES, INC.**

Principal Place of Business

12555 BISCAYNE BLVD  
SUITE 711  
NORTH MIAMI FL 33181  
US

Mailing Address

12555 BISCAYNE BLVD  
SUITE 711  
NORTH MIAMI FL 33181-2522  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number **65-0235029**Applied F  
Not App

Zip

Country

Zip

Country

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

DIXON, SHARON Q  
150 W. FLAGLER ST.  
MUSEUM TOWER STE. #2200  
MIAMI FL 33130

Name

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

Suite 2100

City

Miami

FL

Zip Code 33131

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

2-7-00

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  
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS ALTER, HOWARD  
CITY-ST-ZIP 10800 BISCAYNE BV #705  
MIAMI FL 33161TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME VSTD  
STREET ADDRESS KAYE, DEBORAH  
CITY-ST-ZIP 10800 BISCAYNE BV #705  
NORTH MIAMI BCH FL 33161TITLE ☐ Change ☐  
NAME  
STREET ADDRESS  
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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 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

1/13/2000

609-266-7400  
Daytime Phone # X414