

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91168 041 ***150.00

DOCUMENT # S23761

1. Entity Name

PADDOCK CLUB ESTATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12555 Biscayne Blvd.

3. Mailing Address

4252 Harbor Beach Blvd.

Suite, Apt. #, etc.

Suite 711

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami, FL

City & State

Brigantine, NJ

4. FEI Number

65-0235029

Applied For

Not Applicable

Zip

33181

Country

US

Zip

08203

Country

US

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirements and elects to do so.
(See criteria on back) ☒

January 1, 2001 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR Fee \$25.00

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-STATE-ZIP	PD Alter, Howard 10800 Biscayne BV #705 Miami, FL 33161	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSTD Kaye, Deborah 10800 Biscayne BV #705 North Miami Beach, FL 33161	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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 on an attachment with an address, with all other officers and directors.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02

Date

609-266-7400

Telephone Number

CR2E034B (12/01)