

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S30619

1. Entity Name:

PARADISE ENTERPRISES OF BREVARD, INC.

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90004 041 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

131 S.W. FLAGLER AVENUE
 STUART FL 34994
 US

131 S.W. FLAGLER AVENUE
 STUART FL 34994
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3066809**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOMBROSE, DEMETRIA
 131 S.W. FLAGLER AVENUE
 STUART FL 34994

7. Name and Address of New Registered Agent

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, 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
 DPST
 DOMBROSE, DEMETRIA
 131 S.W. FLAGLER AVENUE
 STUART FL 34994 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or 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

Demetria Dombrose

Date

Daytime Phone #

561.
 5-30-01/219 3625

CR2E034 (10/00)