2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$78746 1. Entity Name

PARADISE PLUM DESIGN,	INCORPORATED
-----------------------	--------------

PARADISE PLUM DESIGN, INCORPORATED					03-26-200	1 901 3 4 0)09 *	
Principal Place of Business		Mailing Address						
8031 LAKE DRIVE UNIT 205 MIAMI FL 33166		8031 LAKE DRIVE UN MIAMI FL 33166	NIT 205					
9 Principal Plac	on of Puningon	3. Mailing Address						
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address			1 1001/010 111 01001 1011 01001 01010 01010 01010 01011 01011			
		Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPAC			
		City & State			4. FEI Number 65-0285635			
Zip	Country	Zip	Coun	try S	. Certificate of Status Desired		\$8. Fee	
	6. Name and Address of Cu	rrent Registered Agent		7.	Name and Address of New	Registered	Agen	
IVAL P	ATLUA C			Name				
	athia s Ake drive			Street Address (P.O	. Box Number is Not Acceptal	ole)		
UNIT 2								
MAMI I	FL 33166			City		FI		
8. The above na	rned entity submits this stateme	ent for the purpose of changi	ing its registere	ed office or registered a	agent, or both, in the State of I			
SIGNATURE	nature, typed or printed name of registered		ANOTE B	d Agent signature required when		DATE		
	nature, typed or printed name of registered				n reinstating)	DAIE		
	tion is eligible to satisfy its Intar uirement and elects to do so. on back)	After MAY		IS \$150.00 will be \$550.00 epartment of State	10. Election Campaign f Trust Fund Contribut			
11.	OFFICERS	AND DIRECTORS	12.	- A	ADDITIONS/CHANGES TO OR	FICERS AN	D DIRI	

FILED Mar 26, 2001 8:00 am Secretary of State

**150.00



City & State		City & State		4. 1	FEI Number 65-0285635		pplied For		
Zip Country		Country	Zip Coul					ot Applicable	
- -		·	* · · ·	Country	1 5 Certiticate of Status Desired 1 1 🗡			68.75 Additional ee Required	
6. Name and Address of Current Registered Agent					7. 1	Name and Address of New Registered A	gent		
				Name	Name Street Address (P.O. Box Number is Not Acceptable)				
LYN, FATHIA S 8031 LAKE DRIVE UNIT 205 MIAMI FL 33166			Street Addres						
				City	City FL Zip Code				
3. The above	named entity	submits this statement	for the purpose of changing it	s registered office or regis	stered ag	ent, or both, in the State of Florida.	_ _		
					_				
SIGNATURE .									
	Signature, typed or	r printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requ	Jired when re	einstating) DATE			
9. This corpo	oration is eligib	ole to satisfy its Intangib	ole FILE NOW	!!! FEE IS \$150.00		19 Floreign Compoint Financing	Ф Е 6		
Tax filing requirement and elects to do so After MAY 1, 2001			001 Fee will be \$550.0		10. Election Campaign Financing Trust Fund Contribution. □		0 May Be		
(See criter	ria on back)			ble to Department of S	State				
11.	-	OFFICERS AN	D DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TILE !	D LVN CATU	HA C	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	LYN, FATH	DRIVE #205		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMIFL	. DNIVE #203		CITY-ST-ZIP					
TITLE	IND UNITE		□ Delete	TITLE			Change	Addition	
IAME			CT Delete	NAME			☐ Change		
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		<u>-</u> _	☐ Delete	TITLE			☐ Change	Addition	
IAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP					
ITLE			☐ Delete	TITLE			Change	Addition	
IAME TREET ADDRESS				NAME I STREET ADDRESS					
STY-ST-ZIP				CITY-ST-ZIP					
ITLE			□ Delete	TITLE			☐ Change	Addition	
IAME			C Delete	NAME			Onunge	LJ / MBIRON	
TREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
ITLE			☐ Delete	TITLE			Change	☐ Addition	
IAME				NAME					
TREET ADDRESS				STREET ADDRESS				!	
CITY-ST-ZIP	L <u>. </u>			CITY-ST-ZIP					
I hereby of indicated	certify that the on this report	information supplied wi or supplemental report	th this filing does not qualify for is true and accurate and that	or the exemption stated in my signature shall have the	Section 1	119.07(3)(i), Florida Statutes. I further certi legal effect as if made under oath; that I ar	fy that the in	nformation 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.