2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33137

US

600 N.E 36TH STREET

DOCUMENT # 468081

1. Entity Name

PARMAN FLORIDA, INC.

Principal Place of Business

600 N.E 36TH STREET

MIAMI FL 33137



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90439 024 ***150.00

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S. Certificate of status bersieve Foo R GELMAN, CHARLES H PÂ 25 S.E 2ND AVENUE SUITE 1025 **MIAMI FL 33131 **Site of Address of PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL City F	City & State		City & State			4.	FEI Number 59-1569973		olied For Applicable	
GELMAN, CHARLES H PÅ 25 S.E 2ND AVENUE SUITE 1025 MIAMI FL 33131 City FL City FL	Zip	Zip Country Zip		Country		5.			8.75 Additional ee Required	
GELMAN, CHARLES H PÅ 25 S.E 2ND AVENUE SUITE 1025 MIAMI FL 33131 City FL City FL		C. Name and Address of Current	Registered Agent			7.	Name and Address of New Registered	Agent		
25 S.E 2ND AVENUE SUITE 1025 **MAMI FL 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. I am familiar the obligations of registered agent. **SIGNATURE** Signature, hipsed or premid name of registered agent and life if applicable. (NOTE: Registered Agent signature recited when reintating)	<u> </u>		negistored agent							
SUITE 1025 MIAMI FL 33131 City FL Z City FL Z 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiation beloigations of registered agent. SIGNATURE Symatims, typed or protect range of registered agent and stife of applicable. (NOTE: Registered Agent algorithm required when revoluting) DATE					Street Address (P.O. Box Number is Not Acceptable)					
MAMI FL 33131 **Read books and an entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. **SIGNATURE **SIGNAT										
SIGNATURE Signature, typed or protected name of registered agent and cite if applicable. (NOTE: Registered Agent signature trapated when renotating) DATE					City FL Zip Code					
## PILE NOW!!! FEE IS \$150.00 ## After May 1, 2003 Fee will be \$550.00 ## Make Check Payable to Florida Department of State 10.	the obligation	ons of registered agent.					•	familiar with, a	and accept	
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ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS	10.	OFFICERS AND	DIRECTORS	11.		A	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS		
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CITY-SI-ZIP CITY-SI-ZIP	TITLE NAME		☐ Delete	NA/ STF	ME			Change	☐ Addition	

12. 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 10 or Block 11 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

Vica PRES

954-961-5197

Daytime Phone #

CR2E034 (10/02)