

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90990 037 \*\*\*150.00

0395124 AV

**DOCUMENT # F99000002466**

1. Entity Name

**PARAMOUNT MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**3801 PGA BLVD. SUITE 500**  
**PALM BEACH GRADENS FL 33410**

Mailing Address  
**3801 PGA BLVD. SUITE 500**  
**PALM BEACH GRADENS FL 33410**

**11042014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3449715**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP**  
**GARDENS CORPORATE CENTER**  
**3801 PGA BLVD. STE 600**  
**WEST PALM BEACH FL 33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DEVP** ☐ Delete  
NAME **DISALVO, PATRICK**  
STREET ADDRESS **3801 PGA BLVD., SUITE 555**  
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **EVP/S/T** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3801 PGA Boulevard, Suite 600**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VP** ☒ Delete  
NAME **RODNEY, CAMILLE**  
STREET ADDRESS **3801 PGA BLVD. STE 500**  
CITY-ST-ZIP **W PALM BEACH FL 33561-2142**

TITLE **P** ☐ Change ☒ Addition  
NAME **Michael A. Noto**  
STREET ADDRESS **3801 PGA Boulevard, Suite 600**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VP** ☒ Delete  
NAME **HILL, ROBERT**  
STREET ADDRESS **1630 S CONGRESS AVE., SUITE 300**  
CITY-ST-ZIP **W PALM BEACH FL 33461-2142**

TITLE **SrVP** ☐ Change ☒ Addition  
NAME **Michael C. Brown**  
STREET ADDRESS **3801 PGA Boulevard, Suite 600**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **DXVP** ☐ Delete  
NAME **JURAN, LAWRENCE B**  
STREET ADDRESS **3801 PGA BLVD., SUITE 555**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **EVP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3801 PGA Boulevard, Suite 600**  
CITY-ST-ZIP

TITLE **DCEO** ☐ Delete  
NAME **RENDINA, BRUCE**  
STREET ADDRESS **3801 PGA BLVD., SUITE 555**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **C/CEO** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **WILSON, ART**  
STREET ADDRESS **3801 PGA BLVD. STE 500**  
CITY-ST-ZIP **PALM BEACH GRADENS FL 33561-2142**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Hank Yunes**  
STREET ADDRESS **3801 PGA Boulevard, Suite 600**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/23** **(561)** **626-1800**  
Date Daytime Phone #

CR2E034 (10/02)