

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12214

1. Entity Name

THE PARAMOUNT ELECTRONICS MANUFACTURING COMPANY, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90125 015 ***150.00

Principal Place of Business

1020 S.W. 10TH AVENUE
BAY 6
POMPANO BEACH FL 33069-4632
US

Mailing Address

P. O. BOX 1030
BOCA RATON FL 33429
US

012000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2251263**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGRANDCHAMP, MICHAEL E
1020 SW 10TH AVENUE
BAY 6
POMPANO BCH. FL 33069

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

Michael E. DeGrandchamp *Michael E. DeGrandchamp* *c/D/P/S/T* *1/11/01*
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	CDPS	<input type="checkbox"/> Delete
NAME	DEGRANDCHAMP, MICHAEL E	
STREET ADDRESS	1020 SW 10 AVENUE	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NECLERIO, MATTHEW T.	
STREET ADDRESS	1020 SW 10 AVENUE	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>c/D/P/S/T</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. DeGrandchamp *Michael E. DeGrandchamp* *1/11/01* *(954) 781-3755*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)