

J19692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

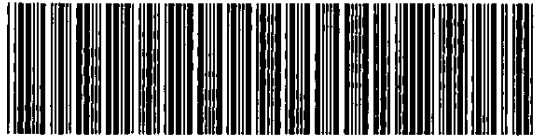
(Document Number)

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10 MAY -7 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NC s/loel  
news

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** PARAMOUNT LABELS AND BAGS, INC

**DOCUMENT NUMBER:** J19692

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN M GOLDBERG

Name of Contact Person

ALAN M GOLDBERG PA CPA

Firm/ Company

17971 BISCAYNE BLVD STE 104

Address

AVENTURA, FL 33160

City/ State and Zip Code

acartagena@ppusa.cc

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALAN M GOLDBERG

Name of Contact Person

at ( 305 )

932-8617

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2010

ALAN GOLDBERG  
17971 BISCAYNE BLVD., STE 104  
AVENTURA, FL 33160

SUBJECT: PARAMOUNT LABELS AND BAGS, INC.  
Ref. Number: J19692

We have received your document for PARAMOUNT LABELS AND BAGS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is K72331.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 610A00010256

NOTE: REQUESTED DOCUMENT/LETTER IS ATTACHED HERETO  
AS THE LAST PAGE.

*Alan Goldberg CPA*  
5/4/10

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED  
2010 MAY -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

PARAMOUNT LABELS AND BAGS INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

J19692

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

PARAMOUNT PRODUCTS, U.S.A. INC.

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

FILED  
10 MAY - 7 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

U.S.A. OFFICES  
PUERTO RICO  
DALLAS, TEXAS

## PARAMOUNT PRODUCTS U.S.A.

150 NORTHWEST 176TH STREET, #E  
MIAMI, FLORIDA 33169

PH: (305) 651-2126  
FAX: (305) 651-4589  
1-800-881-9003

FAR EAST OFFICES  
HONG KONG  
TAIPEI, TAIWAN

May 3, 2010

Re: Paramount Products U.S.A., Inc.  
Ref: #K72331

To Whom It May Concern:

I am the president and sole stockholder of Paramount Products U.S.A. Inc.

This is to advise you that I have no intention of reinstating this corporation following its voluntary dissolution on April 7, 2010. Therefore, I hereby release the name Paramount Products U.S.A. Inc. for use by another entity and I grant permission to Paramount Labels and Bags, Inc. to use the name Paramount Products U.S.A. Inc.

Very truly yours,

Robert A. Sidney  
President

STATE OF FLORIDA  
COUNTY OF DADE

Sworn to (or affirmed) and subscribed before me this 3rd day of May, 2010, by Robert A. Sidney.

NOTARY PUBLIC-STATE OF FLORIDA  
Anny Cartagena  
Commission # DD730680  
Expires: DEC. 22, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.  
(NOTARY SEAL)

Signature

ANNY CARTAGENA

Print

Personally Known x OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

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The date of each amendment(s) adoption: APRIL 19, 2010

(date of adoption is required)

Effective date if applicable: MAY 1, 2010

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."

(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated APRIL 19, 2010

Signature ☒

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ROBERT SIDNEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)