

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90078 024 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J99522

1. Entity Name
PARAMOUNT PROPERTIES, INC.

Principal Place of Business 3990 SHERIDAN ST SUITE 209 HOLLYWOOD FL 33021 US	Mailing Address 3990 SHERIDAN ST SUITE 209 HOLLYWOOD FL 33021 US
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2. Principal Place of Business 3107 STIRLING ROAD Suite, Apt. #, etc. SUITE 204 City & State FT. LAUDERDALE, FL Zip 33312 Country USA	3. Mailing Address 3107 STIRLING ROAD Suite, Apt. #, etc. SUITE 204 City & State FT. LAUDERDALE, FL Zip 33312 Country USA
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4. FEI Number 65-0013071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BERMAN, STEVEN B
 3990 SHERIDAN ST
 STE 209
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **STEVEN B. BERMAN**
 Street Address (P.O. Box Number is Not Acceptable)
**3107 STIRLING ROAD
 SUITE 204
 City FT. LAUDERDALE FL Zip Code 33312**

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 **STEVE BERMAN** (NOTE: Registered Agent signature required when reinstalling) DATE **JANUARY 2, 2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete BERMAN, HOWARD B 3990 SHERIDAN ST., 209 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS <input type="checkbox"/> Delete BERMAN, STEVEN B 3990 SHERIDAN ST 209 HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 STIRLING ROAD, SUITE 204 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3107 STIRLING ROAD, SUITE 204 FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **STEVE BERMAN, V.P.** DATE **JANUARY 2, 2001** DAYTIME PHONE # **(954) 981-7744**

CR2E034 (10/00)