

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000001272

1. Entity Name

PARADIGM FINANCIAL GROUP LLC

FILED

01 APR 27 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1 S.E. 3RD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

Mailing Address

1 S.E. 3RD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RICHARD A. BERKOWITZ  
1 S.E. 3RD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete  
NAME RICHARD A. BERKOWITZ  
STREET ADDRESS 1 S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME TERRENCE A. SCHULTZ  
STREET ADDRESS 1 S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME RICHARD A. POLLACK  
STREET ADDRESS 1 S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME BARRY M. BRANT  
STREET ADDRESS 1 S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME JOHN F. YOUNG  
STREET ADDRESS 1 S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM ☐ Delete  
NAME GARY E. ROSENTHAL  
STREET ADDRESS 1 S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33131

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Terrence A. Schult*

4/26/01

305-379-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

TERRENCE A. SCHULTZ

CR2E083 (11/00)