

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90020 038 \*\*\*\*50.00

**DOCUMENT # L00000015645**

1. Entity Name

**PARAMOUNT FINANCING, LLC**

Principal Place of Business

**2900 GATEWAY DRIVE  
POMPANO BEACH FL 33069**

Mailing Address

**2900 GATEWAY DRIVE  
POMPANO BEACH FL 33069**

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

**65-1117689**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GELET, PAMELA  
2900 GATEWAY DRIVE  
POMPANO BEACH FL 33069**

Name

**Leonard K. Samuels**

Street Address (P.O. Box Number is Not Acceptable)

**Berger Singerman, P.A.**

**350 East Las Olas Blvd., Suite 1000**

City

**Ft. Lauderdale**

FL

Zip Code  
**33301**

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

*Leonard K. Samuels*

*2/19/02*

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  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
SWEETHAN, KEVIN  
1003 WILLSBORO MILE  
HILLSBORO BEACH FL 33062** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Sheehan, Kevin  
2900 Gateway Drive  
Pompano Beach, FL 33069** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CARRICO, WILLIAM G  
708 INTRACOASTAL DRIVE  
FT. LAUDERDALE FL 33304** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
Carrico, William  
2900 Gateway Drive  
Pompano Beach, FL 33069** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

*Signature Required*

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

Date

Daytime Phone #

*4/3/02*

*954-975-4340*

CH2E083 (9/01)