

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90071 031 \*\*\*\*50.00

0011659

**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

**550 FAIRWAY DR.**

3. Mailing Address

**550 FAIRWAY DR.**

Suite, Apt. #, etc.

**#107**

Suite, Apt. #, etc.

**#107**

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH, FL**

Zip

**33441**

Country

**USA**

Zip

**33441**

Country

**USA**

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

**SAMUELS, LEONARD K  
BERGER SINGMAN, P.A.  
350 EAST LAS OLAS BLVD., STE 1000  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **PAMELA GELET**  
Street Address (P.O. Box Number is Not Acceptable)  
**550 FAIRWAY DRIVE**  
**SUITE 107**  
City **DEERFIELD BEACH** FL Zip Code **33441**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**PAMELA GELET**

(NOTE: Registered Agent signature required when reinstating)

**4-24-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **SHEEHAN, KEVIN**  
STREET ADDRESS **2900 GATEWAY DR.**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **MGR** ☐ Delete  
NAME **CARRICO, WILLIAM G**  
STREET ADDRESS **2900 GATEWAY DR.**  
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **550 FAIRWAY DR. #107**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **550 FAIRWAY DR. #107**  
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

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  
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:

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

Date

Daytime Phone #

**4/24/03 (954) 429-1712**

CR2E083 (10/02)