

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000016222

1. Entity Name

PARMAN ENTERPRISES LLC

Principal Place of Business Mailing Address
1591 East Atlantic Blvd. Suite 200
Pompano Beach, FL 33060

2. Principal Place of Business 3. Mailing Address
1591 E. Atlantic Blvd. 1591 E. Atlantic Blvd.

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 Suite 200

City & State City & State
Pompano Beach, FL Pompano Beach, FL

Zip Country Zip Country
33060 Broward 33060 Broward

FILED
01 APR 25 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FFI Number Applied For
Not Applicable ☒ 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

Name
Carlton Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1591 East Atlantic Blvd.
Suite 200
City Pompano Beach FL Zip Code 33060

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

300004138583--9
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2100.00 **50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE mgrm
NAME Par Wannman
STREET ADDRESS 1591 E. Atlantic Blvd. #200
CITY-ST-ZIP Pompano Beach, FL 33060

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

Date Daytime Phone #

CR2E083 (11/00)