

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90213 007 \*\*\*\*50.00

**DOCUMENT # L01000010357**

1. Entity Name

**PARAMOUNT RESIDENTIAL, LLC**

Principal Place of Business

**5000 T-REX AVE  
 SUITE 150  
 BOCA RATON FL 33431**

Mailing Address

**5000 T-REX AVE  
 SUITE 150  
 BOCA RATON FL 33431**

**966195**

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

**65-111 6656**

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

**GRUNDT, BRUCE S  
 5000 T-REX AVE  
 SUITE 150  
 BOCA RATON FL 33431**

Name

**FRED B. ROTHMAN**

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

**5000 T-REX AVENUE - SUITE 150**

City

**BOCA RATON, FL**

FL

Zip Code

**33431**

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.

**FRED B. ROTHMAN**

**Managing Member of member**

**4/26/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. ~~PARAMOUNT RESIDENTIAL, LLC~~ **MANAGING MEMBERS/MANAGERS**

10. **ADDITIONS/CHANGES**

TITLE **MANAGING MEMBER** ☐ Delete  
 NAME **ROTHMAN, FRED B.**  
 STREET ADDRESS **5000 T-REX AVE. STE. 150**  
 CITY-ST-ZIP **BOCA RATON FL 33431**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FRED B. ROTHMAN**

**Managing Member of member**

**4/26/02 (561) 998-9200**

Date

Daytime Phone #

CR2E083 (9/01)