

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001373

1. Entity Name
PARETO SOLUTIONS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 17 AM 10:20

Principal Place of Business
1237 AVONDALE LANE
WEST PALM BEACH FL 33409

Mailing Address
1237 AVONDALE LANE
WEST PALM BEACH FL 33409-2076



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0808817

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROSKOWSKI, ANTHONY
1237 AVONDALE LN
WEST PALM BEACH FL 33409

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

Anthony Broskowski

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

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS BROSKOWSKI, ANTHONY T
CITY- ST- ZIP 1237 AVONDALE LANE
WEST PALM BEACH FL 33409 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *inf 2/28/00*
CITY- ST- ZIP

TITLE NAME M
STREET ADDRESS BARTON, WILLIAM
CITY- ST- ZIP 63 WOODCREST
ITHACA NY 14850 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003156295--?
CITY- ST- ZIP -03/03/00--01059--005
*****50.00 *****50.00

TITLE NAME M-
STREET ADDRESS HARSHBARGER, DWIGHT
CITY- ST- ZIP 4 MADIGAN LA
HARVARD MA 01451 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Anthony Broskowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

2/14/2000 561-686-8535

Daytime Phone #

CR21E083 (9/99)