

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006324

1. Entity Name

PARAMAX ADVISORS OF FLORIDA, LLC

FILED

00 JAN 24 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O D'ALBA & DONOVAN, CPAS. P.C.
333 INTERNATIONAL DRIVE
WILLIAMSVILLE NY 14221

Mailing Address

C/O D'ALBA & DONOVAN, CPAS. P.C.
333 INTERNATIONAL DRIVE
WILLIAMSVILLE NY 14221-5726

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

16-1574637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

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

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

TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	DAVID T. HORE	
STREET ADDRESS	C/O D'ALBA + DONOVAN, CPAS. P.C.	
CITY- ST- ZIP	333 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	SCOTT M. MCCARTHY	
STREET ADDRESS	C/O D'ALBA + DONOVAN CPAS P.C.	
CITY- ST- ZIP	333 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	
TITLE	MANAGER	<input type="checkbox"/> Delete
NAME	DENNIS J. SZYM KOWIAK	
STREET ADDRESS	C/O D'ALBA + DONOVAN CPAS P.C.	
CITY- ST- ZIP	333 INTERNATIONAL DR. WILLIAMSVILLE, NY 14221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003119353-2	
STREET ADDRESS	-02/01/00--01122--013	
CITY- ST- ZIP	*****50.00 *****50.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 OR MANAGER

Date

Daytime Phone #

Signature REQUIRED

1/7/00 (716) 633-1373