

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006324

1. Entity Name

PARAMAX ADVISORS OF FLORIDA, LLC

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

FILED

2001 JUN - 7 PM 12: 50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O WATERFORD ADVISORS, LLC

Suite, Apt. #, etc.

6390 MAIN ST., STE 200

City & State

WILLIAMSVILLE, NY 14221

Zip

14221

Country

U.S.

3. Mailing Address

C/O WATERFORD ADVISORS, LLC

Suite, Apt. #, etc.

6390 MAIN ST., STE 200

City & State

WILLIAMSVILLE, NY

Zip

14221

Country

U.S.

4. FEI Number

16-1574637

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

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 MGR  
NAME HORE, DAVID T  
STREET ADDRESS 333 INTERNATIONAL DRIVE  
CITY-ST-ZIP WILLIAMSVILLE NY 14221

TITLE MGR  
NAME MCCARTHY, SCOTT  
STREET ADDRESS 333 INTERNATIONAL DRIVE  
CITY-ST-ZIP WILLIAMSVILLE NY 14221

TITLE MGR  
NAME SZYMKOWIAK, DENNIS J  
STREET ADDRESS 333 INTERNATIONAL DRIVE  
CITY-ST-ZIP WILLIAMSVILLE NY 14221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 6390 MAIN STREET, STE 200  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 6390 MAIN STREET, STE 200  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS 500004367755--3  
CITY-ST-ZIP -06/06/01--01068--017

TITLE  
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CITY-ST-ZIP

TITLE  
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

Date

Daytime Phone #

5/1/01 (716) 633-1373