

FILED
May 24, 2002 8:00 am
Secretary of State

04-17-2002 90027 014 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008749

1. Entity Name

PARAMOUNT REALTY, L.L.C. ✓

Principal Place of Business

2900 GATEWAY DRIVE
POMPANO BEACH FL 33069

Mailing Address

2900 GATEWAY DRIVE
POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1117691

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GELET, PAMELA
2900 GATEWAY DRIVE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

Leonard K. Samuels

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

Berger Singerman, P.A.

350 East Las Olas Blvd., Suite 1000

City

Ft. Lauderdale,

FL

Zip Code

33301

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SHEEHAN, KEVIN	
STREET ADDRESS	2900 GATEWAY DRIVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

4/3/02

954-975-4340

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

Date

Daytime Phone #

CP2E083 (9/01)