

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90084 005 *****50.00

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

550 FAIRWAY DR.

3. Mailing Address

550 FAIRWAY DR

Suite, Apt. #, etc.

#107

Suite, Apt. #, etc.

#107

City & State

DEERFIELD BEACH FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

Zip

33441

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

**SAMUELS, LEONARD K
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **PAMELA GELET**

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

550 FAIRWAY DR.

#107

City **DEERFIELD BEACH**

FL

Zip Code

33441

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] **PAMELA GELET**

4-24-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SHEEHAN, KEVIN**
STREET ADDRESS **2900 GATEWAY DRIVE**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **550 FAIRWAY DR. #107**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **PAMELA GELET**
CITY-ST-ZIP **550 FAIRWAY DR. #107**
DEERFIELD BEACH, FL 33441

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

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

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

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] **PAMELA GELET** **4-24-03** **954 429-1712**

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

Date

Daytime Phone #

CR2E083 (10/02)