

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000397

1. Entity Name
PARADIGM PARTNERS INTERNATIONAL, LLC

Principal Place of Business
9744 WILSHIRE BLVD., #307
BEVERLY HILLS CA 90212

Mailing Address
9744 WILSHIRE BLVD., #307
BEVERLY HILLS CA 90212-1813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4618688

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

BLAZZARD, NORSE
4401 WEST TRADEWINDS AVE., #207
LAUDERDALE-BY-THE-SEA FL 33308

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

10. ADDITIONS / CHANGES

TITLE NAME MGRM BAITLER, SIMON C ☐ Delete
STREET ADDRESS 9744 WILSHIRE BLVD., #307
CITY-ST-ZIP BEVERLY HILLS CA 90212

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

TITLE NAME MGRM BLAZZARD, NORSE ☐ Delete
STREET ADDRESS 4401 N. TRADEWINDS AVE., #207
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33308

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

TITLE NAME MGRM CARPENTER, DAVID R ☐ Delete
STREET ADDRESS 3400 RIVERSIDE DR., 9TH FLOOR
CITY-ST-ZIP BURBANK CA

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

TITLE NAME MGRM JOHNSTON, JAMES R ☐ Delete
STREET ADDRESS 836 FARMINGTON AV., #223
CITY-ST-ZIP WEST HARTFORD CT 06119

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

TITLE NAME MGRM STONE, ROBERT W ☐ Delete
STREET ADDRESS 65 ROCKWOOD LANE
CITY-ST-ZIP GREENWICH CT 06830

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:

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

3/29/00

Date

154-771-7448

Daytime Phone #

APPROVED
AND
FILED

00 APR -5 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0017046 AF

CR2E083 (9/99)