

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000003666**

1. Entity Name

PARAMORE UNIVERSAL, INC. ✓

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90496 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14124 N.W. 27th AVENUE 19530 NW Circle Place  
MIAMI, FLORIDA 33054

**A0042821**

2. Principal Place of Business

**SAME**

3. Mailing Address

19530 N.W. Circle Plac

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**Miami, Florida**

4. FEI Number

**65-1014992**

Applied For

Not Applicable

Zip

Country

Zip

**33055**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN JOHNSON  
15710 N.W. 44th Court  
Miami, Florida 33054

Name **HARRIETT SPIKES**

Street Address (P.O. Box Number is Not Acceptable)  
**19530 N.W. Circle Place**

City **Miami, Florida**

**FL** Zip Code  
**33055**

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

*x Harriett Spikes*

**3/28/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **P/D John Johnson**  
STREET ADDRESS **15710 N.W. 44th Court**  
CITY-ST-ZIP **Miami, Florida 33054**

TITLE ☒ Change ☐ Addition  
NAME **P/D Harriett Spikes**  
STREET ADDRESS **19530 N.W. Circle Place**  
CITY-ST-ZIP **Miami, Florida 33055**

TITLE ☒ Delete  
NAME **S/D Terri Fletcher**  
STREET ADDRESS **19320 N.W. 47th Avenue**  
CITY-ST-ZIP **Miami, Florida 33055**

TITLE ☒ Change ☐ Addition  
NAME **S/D Clevia Spikes**  
STREET ADDRESS **19530 N.W. 47th Avenue**  
CITY-ST-ZIP **Miami, Florida 33055**

TITLE ☒ Delete  
NAME **T/D Alva Collier**  
STREET ADDRESS **8551 N.W. 23rd Street**  
CITY-ST-ZIP **Pembroke Pines, Florida 33024**

TITLE ☒ Change ☐ Addition  
NAME **T/D Christine Johnson**  
STREET ADDRESS **15710 N.W. 44th Court**  
CITY-ST-ZIP **Miami, Florida 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Johnson* *Harriett Spikes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01**  
Date

**(305) 756-1733**  
Daytime Phone #

CR2E037 (11/00)