

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90125 018 \*\*\*150.00

**DOCUMENT # P00000089327**

1. Entity Name

**PARAMOUNT ELECTRONICS, INC.**

Principal Place of Business

1020 SW 10TH AVE.  
POMPANO BEACH FL 33069

Mailing Address

1020 SW 10TH AVE.  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

P.O. Box # 1030

Suite, Apt. #, etc.

Bay # 6

Suite, Apt. #, etc.

City & State

Boon Raton, FL.

Zip

Country

33429

Country

US

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEGRANDCHAMP, MICHAEL E  
1020 SW 10TH AVE.  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

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

Bay # 6

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

Michael E. DeGrandchamp c/d/p/s/t/v 1/11/01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME DEGRANDCHAMP, MICHAEL E  
STREET ADDRESS 1020 SW 10TH AVE, Bay # 6  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME c/d/p/s/t/v  
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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Michael E. DeGrandchamp 1/11/01 (954) 781-3753

CR2034 (10/00)

63516

Form **SS-4**(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Paramount Electronics, Inc.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

Michael DeGrandchamp, Pres.

4a Mailing address (street address) (room, apt., or suite no.)

1020 SW 10th Ave., Bay 6

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Pompano Beach, FL 33069

5b City, state, and ZIP code

6 County and state where principal business is located

Broward county, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee — SSN or ITIN may be required (see instructions) ►

Michael DeGrandchamp, principal officer SSN 305-60-0102

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ► for profit☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State  
FloridaForeign country  
na

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

corporation

☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

1/2/01

11 Closing month of accounting year (see instructions)

undetermined

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► 2/1/01

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural  
5Agricultural  
0Household  
0

14 Principal activity (see instructions) ► electronics mfg. and sales

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ►

☒ Yes☐ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☒ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ►

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

954-781-3755

Fax telephone number (include area code)

954-786-1419

Name and title (Please type or print clearly) ►

Michael DeGrandchamp  
President

Signature ►

Date ► January 9, 2001

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying

COPY