


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90442 047 ***150.00

DOCUMENT # P01000102383		
1. Entity Name PARAMOUNT PARKING OF SOUTH FLORIDA, INC.		

Principal Place of Business 9680 OREGON ROAD BOCA RATON, FL 33434	Mailing Address 9680 OREGON ROAD BOCA RATON, FL 33434
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2. Principal Place of Business 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. 10	3. Mailing Address 6600 W. ROGERS CIRCLE Suite, Apt. #, etc. 10
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33487	Zip 33487
Country USA	Country USA



04302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1145492	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BELLINATO, JOHN 9680 OREGON ROAD BOCA RATON, FL 33434	
7. Name and Address of New Registered Agent Name JOSEPH LOPEZ Street Address (P.O. Box Number is Not Acceptable) 250 BIRD ROAD SUITE 302 City CORAL GABLES FL Zip Code 33146	

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLINATO, JOHN 9680 OREGON ROAD BOCA RATON, FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04 561-230-0204