2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90633 011 ***150.00

C0069440

DOCUMENT # P96000024519

1. Entity Name
PARAMOUNT REAL ESTATE CORP.

Principal Place of Business: 1597 SE PORT ST.LUCIE BLVD. PORT ST.LUCIE,FL. 34952

Mailing Address: SAME

2. Principal Place of Business: SAME
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address: SAME
Suite, Apt. #, etc
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0652205 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTIN SCHAFFER
1597 SE PORT ST.LUCIE BLVD.
PORT ST.LUCIE, FL. 34952

7. Name and Address of New Registered Agent
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 ____ Date ____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See instructions on back) ☐

FILE NOW!!! FEE IS $150.00. After MAY 1, 2001, Fee will be $550.00.

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

Title / Name / Street Address / City-St-Zip		
TITLE	PRESIDENT	☐ Delete
NAME	MARTIN SCHAFFER	
STREET ADDRESS	1597 SE PORT ST.LUCIE BLVD.	
CITY-ST-ZIP	PORT ST.LUCIE, FL. 34952	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
(blank entries: TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] MARTIN SCHAFFER 561 337-5080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #