

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90034 028 ***150.00

DOCUMENT # P96000024519

1. Entity Name
PARAMOUNT REAL ESTATE CORP.

Principal Place of Business
13 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

Mailing Address
13 MARLWOOD LANE
PALM BEACH GARDENS FL 33418



2. Principal Place of Business
1597 SE Port St Lucie Blvd
Suite, Apt. #, etc. Blvd.

3. Mailing Address
1597 SE PSL Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St Lucie Blvd PSL FL

City & State
PSL FL

4. FEI Number **65-0652205**

Applied For
Not Applicable

Zip **34952** **Country** **USA**

Zip **34952** **Country** **USA**

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

6. Name and Address of Current Registered Agent

SCHAFFER, MARTIN
13 MARLWOOD LANE
PALM BEACH GARDENS FL 33418

1597 SE PSL 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** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PT** ☐ **Delete**
NAME **SCHAFFER, MARTIN**
STREET ADDRESS **13 MARLWOOD LANE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 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 another name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

Date

561-337-5080

Daytime Phone #

CR2E034 (9/01)