

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90855 026 ***150.00

DOCUMENT # P96000064629

1. Entity Name

PARAMORE COLLECTIONS INCORPORATED

Principal Place of Business

Mailing Address

496 NE 79TH STREET
 APT 7
 MIAMI FL 33138
 US

P.O. BOX 223381
 HOLLYWOOD FL 33022-3381

2. Principal Place of Business

3. Mailing Address

14124 NW 27th AVENUE
 Suite, Apt. #, etc.

14124 NW 27th AVE.
 Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA

MIAMI

Zip

Zip

Country

Country

33054

33054

USA

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0686152

Applied For

Not Applicable

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

PARAMORE, RONALD
 2141 N.W. 96 STREET
 MIAMI FL 33147

Name: REBECCA INGRAM-LEONARD
 Street Address (P.O. Box Number is Not Acceptable): 1313 NW 36th STREET Ste. 501
 City: MIAMI, FLA.
 State: FL Zip Code: 33054

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

Rebecca Ingram-Leonard

4/26/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PARAMORE, RONALD 2141 N.W. 96 STREET MIAMI FL 33147 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S NASH, TRACY 2141 N.W. 96 STREET MIAMI FL 33147 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PARAMORE, BENJAMIN JR 1446 W 92ND STREET CHICAGO IL 60621 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C PARAMORE, RODNEY-A 496 NW 78TH STREET, APT #7 MIAMI FL 33138 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, JERRY L 10708 S VINCENNESS AVE CHICAGO IL 60643 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C REEVES, SAMSON JR 110708 S VINCENNES AVE CHICAGO IL 60643 | <input checked="" 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 | REBECCA INGRAM-LEONARD 1313 NW 36th St. Ste. 501 MIAMI, FLA. 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CHRISTINE JOHNSON 15710 NW 44 Ct. MIAMI, FLA. 33054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Ronald D. Paramore

4/26/00

Date

(305) 625-0466

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)