

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025275

1. Entity Name

THE PAAM COMPANY, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90080 048 \*\*\*158.75

Principal Place of Business  
5970 SW 18TH ST  
SUITE 109  
BOCA RATON FL 33431  
US

Mailing Address  
5970 SW 18TH ST  
SUITE 109  
BOCA RATON FL 33433-7197  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0738374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GOLDSTEIN, BETH  
5970 SW 18TH ST  
SUITE 109  
BOCA RATON FL 33433

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

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

TITLE VD  
NAME GOLDSTEIN, CLIF  
STREET ADDRESS 5970 SW 18TH ST SUITE 109  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE ST  
NAME GOLDSTEIN, BETH  
STREET ADDRESS 5970 SW 18TH ST SUITE 109  
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE D  
NAME PELUSO, PATRICE  
STREET ADDRESS 50 MADISON AVE  
CITY-ST-ZIP GARNERVILLE NY 10923 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CMD, CEO  
NAME goldstein, Clif ☒ Change ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME goldstein, Beth ☒ Change ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV  
NAME DebraH Kellin ☐ Change ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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:

Clif goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561  
5 January 2000 3919  
Date Daytime Phone #