

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000031727

1. Entity Name  
PARAMOUNT BUILDING CORP.



Principal Place of Business  
5000 T-REX AVENUE SUITE 150  
BOCA RATON, FL 33431

Mailing Address  
5000 T-REX AVENUE SUITE 150  
BOCA RATON, FL 33431



04222004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0829203

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROTHMAN, FRED R  
5000 T-TEX AVENUE, STE 150  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

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**

TITLE	V
NAME	GREENBERG, LEONARD E
STREET ADDRESS	11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VST
NAME	GRUNDT, BRUCE S
STREET ADDRESS	5000 T REX AVENUE, STE. 150
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	P
NAME	ROTHMAN, FRED B
STREET ADDRESS	5000 T REX AVENUE, STE. 150
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V
NAME	SIEGEL, NED L
STREET ADDRESS	5000 T REX AVENUE, STE. 150
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80151-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PRESIDENT

4/23/04 (561)998-9200

Date

Daytime Phone #