

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061950

1. Entity Name

PARAMOUNT WORLDWIDE, INC.

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90379 044 \*\*\*150.00

Principal Place of Business

Mailing Address

WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

POST OFFICE BOX 334919  
MARGATE FL 33093-4919

2. Principal Place of Business

9724 W. Sample Road

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Springs, FL

City & State

4. FEI Number

65-0855432

Applied For

Not Applicable

Zip

33065

Country

USA

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

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

Fronzaglia, Matthew D

Street Address (P.O. Box Number is Not Acceptable)

9724 W. Sample Road

City

Coral Springs,

FL

Zip Code  
33065

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 By: Matthew D. Fronzaglia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/2/2000

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 PSTD  
NAME FRONZAGLIA, MATTHEW D  
STREET ADDRESS 9732 WEST SAMPLE ROAD  
CITY-ST-ZIP CORAL SPRINGS FL 33065

☐ Delete

TITLE P, S, D  
NAME Ffronzaglia, Matthew D  
STREET ADDRESS 9724 W. Sample Road  
CITY-ST-ZIP Coral Springs, FL 33065

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
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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: Matthew D. Fronzaglia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/2000 (954) 752-5541

CR2E034 (9/99)