

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90177 044 ***150.00

DOCUMENT # P98000104478

1. Entity Name
PARADIGM ARTIST MANAGEMENT, INC.

Principal Place of Business
8895 N. MILITARY TRAIL
202-B
PALM BEACH GARDEN FL 33410

Mailing Address
8895 N. MILITARY TRAIL
202-B
PALM BEACH GARDEN FL 33410

2. Principal Place of Business
6949 Town Harbour Blvd
Suite, Apt. #, etc.
Suite 533

3. Mailing Address
6949 Town Harbour Blvd
Suite, Apt. #, etc.
Suite 533

City & State
Boca Raton, FL
Zip
33433

City & State
Boca Raton, FL
Zip
33433

4. FEI Number **65-0885650**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SINTSINA, OLGA
8895 N. MILITARY TRAIL
202-B
PALM BEACH GARDEN FL 33410

7. Name and Address of New Registered Agent

Name **MAHER, Joseph L CPA**
Street Address (P.O. Box Number is Not Acceptable)
2880 NW 2nd Ave, #4
City **Boca Raton** **FL** **Zip Code** **33431**

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 *J. Maher* **J. Maher, CPA** **4/22/02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DPV	<input checked="" type="checkbox"/> Delete
NAME	KOLCHKOV, DANIEL	
STREET ADDRESS	800 S.W. 18TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KOLCHKOV, DANIEL	
STREET ADDRESS	800 S.W. 18TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SINTSINA, OLGA	
STREET ADDRESS	8895 N. MILITARY TRAIL, 202-B	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olga Sintsina	
STREET ADDRESS	6949 Town Harbour Blvd #533	
CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Olga Sintsina* **Olga Sintsina** **4/22/02** **561-417-6107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)