

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000002647

1. Entity Name

PARALLEL PARTNERS GROUP CORPORATION

Principal Place of Business

Mailing Address

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

230 ROYAL PALM WAY

3. Mailing Address

P.O. BOX 14

Suite, Apt. #, etc.

Suite, Apt. #, etc.

408

City & State

PALM BEACH FL

City & State

PALM BEACH FL

4. FEI Number

65-0895964

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MELBA J. GRIFFITH, ESQ.
1975 EAST SUNRISE BLVD., SUITE 501
FORT LAUDERDALE, FL. 33304

7. Name and Address of New Registered Agent

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)

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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	DIRECTOR	<input type="checkbox"/> Delete
NAME	JONATHAN FLOM	
STREET ADDRESS	P.O. BOX 14	
CITY-ST-ZIP	PALM BEACH FL. 33480	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	L. DUMM	
STREET ADDRESS	PO BOX 14	
CITY-ST-ZIP	PALM BEACH FL. 33480	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	T. IOVANE	
STREET ADDRESS	730 COLUMBUS AVENUE, SUITE 2J	
CITY-ST-ZIP	NEW YORK, NY. 10025	
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		<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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000338481
-09/06/00--01113--005
****158.75 ****158.75

SP

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:

JONATHAN FLOM, DIRECTOR

8. AUGUST. 2000

561.835.4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)