

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014680

1. Entity Name

PARAMOUNT SKYLIGHTS MANUFACTURING INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90046 028 ***150.00

Principal Place of Business

1650 NORTHWEST 23RD AVENUE
FORT LAUDERDALE FL 33311

Mailing Address

1650 NORTHWEST 23RD AVENUE
FORT LAUDERDALE FL 33311 4654

2. Principal Place of Business

240 SW 32nd Court

Suite, Apt. #, etc.

3. Mailing Address

240 SW 32nd Court

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL 33315

City & State

Ft. Lauderdale, FL 33315

Zip

Country

Zip

Country

4. FEI Number

65-0895767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Albazz, Yehuda

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

240 SW 32nd Court

City

Fort Lauderdale,

FL

Zip Code

33315

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

Yehuda Albazz

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/00

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	D	<input type="checkbox"/> Delete
NAME	ALBAZ, YEHUDA	
STREET ADDRESS	240 SW 32ND COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/00

Daytime Phone #

(954) 527-8882

CR2E034 (9/99)