

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034804

1. Entity Name

PARAMOUNT SYSTEMS INTERNATIONAL, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90067 012 \*\*\*150.00

Principal Place of Business

Mailing Address

~~310 CLEMATIS ST. SUITE 600~~  
~~WEST PALM BEACH FL 33401~~

~~319 CLEMATIS ST. SUITE 600~~  
~~WEST PALM BEACH FL 33401-4620~~

2. Principal Place of Business

291 GOOLSBY BLVD

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

4. FEI Number

65-0911137

Applied For

Not Applicable

Zip

33442

Country

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

LUEBKE, GREGORY A

~~319 CLEMATIS ST. SUITE 600~~

~~WEST PALM BEACH FL 33401~~

Name

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

291 GOOLSBY BLVD

City

DEERFIELD BEACH

FL

Zip Code

33442

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) ☐

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Pres

GREGORY LUEBKE

291 GOOLSBY BLVD

DEERFIELD BEACH, FL 33442

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gregory A. Luebke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

954-360-7669

Daytime Phone #