

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90015 028 ***150.00

0114055

DOCUMENT # P99000068675

1. Entity Name

PARAMOUNT REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

15963 S.W. 7TH ST.
 PEMBROKE PINES FL 33027

Mailing Address

15963 S.W. 7TH ST.
 PEMBROKE PINES FL 33027

2. Principal Place of Business

610 NW 183 ST
 Suite, Apt. #, etc. **1-A**

3. Mailing Address

Same as Above
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same as Above

Zip

33169

Country

Miami Dade

Zip

Same as Above

Country

Same as Above

4. FEI Number

65-1014362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLACK, CLIFTON
15963 S.W. 7TH ST.
PEMBROKE PINES FL 33027

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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.P.T.S.** ☐ Delete
 NAME **BLACK, CLIFTON**
 STREET ADDRESS **15963 S.W. 7TH ST.**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Clifton Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

305-249-7014

Daytime Phone #

CR2E034 (10/00)