

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088791

1. Entity Name

PARAMOUNT PRODUCTION VEHICLES, INC.

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90068 033 \*\*\*150.00

Principal Place of Business

9980 N.W. 9TH STREET CIRCLE  
#205  
MIAMI FL 33172

Mailing Address

9980 N.W. 9TH STREET CIRCLE  
#205  
MIAMI FL 33172

00041700

2. Principal Place of Business

13925 S.W. 106 Terr.  
Suite, Apt. #, etc.

3. Mailing Address

13925 S.W. 106 Terr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

miami, Fl.

City & State

miami, Fl.

4. FEI Number

65-0952989

Applied For

Not Applicable

Zip

33180

Country

U.S.A.

Zip

33180

Country

USA

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

VAZQUEZ, ELOY J  
9980 N.W. 9TH STREET CIRCLE  
#205  
MIAMI FL 33172

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

*Eloy J Vazquez*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
VAZQUEZ, ELOY J  
9980 N.W. 9TH STREET CIRCLE #205  
MIAMI FL 33172 ☐ Delete

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

TITLE  
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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)(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

3/26/01 (305) 8122120  
Date Daytime Phone #

CR2E034 (10/00)

0213721