## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 28, 2000 8:00 am Secretary of State DOCUMENT # P99000103060 1. Entity Name PARAMOUNT BUSINESS SOLUTIONS CORPORATION 07-28-2000 90146 022 \*\*\*150.00 Principal Place of Business Mailing Address 2082 N.W. 21ST STREET 2082 N.W. 21ST STREET MIAMI FL 33142 MIAMI FL 33142 AUUb33b1 Principal Place of Business 3. Mailing Address 832782 832 78Z Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33183 -49 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CHAVEZ, GILDA M Street Address (P.O. Box 11870 S.W. 94TH STREET **MIAMI FL 33186** 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 ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSTD** exector, PRESEDENT Delete Change TITLE TITLE CHAVEZ, JERRY NAME NAME 2082 N.W. 21ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33142 ☐ Addition Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

SIGNATURE VEGENIRGIANAZ
SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2000 Date

Daytime Phone #

## P99000103060



PARAMOUNT BUSINESS SOLUTIONS CORPORATION **POST OFFICE BOX 832782** MIAMI, FLORIDA 33183-9998 (305) 548-1222

July 19, 2000

**Division of Corporations Uniform Business Report Filings** Post Office Box 1500 Tallahassee, Florida 32302-1500

**RE:** P99000103060

Dear Sir or Madam:

Enclosed please find "2000 Uniform Business Report" (UBR) form, and check in the sum of \$150.00, as per my conversation with your department due to the fact that I had never received said form. If you review enclosed report, you will notice that I have corrected the address to avoid this from reoccurring.

Should you have any questions concerning this matter, please do not hesitate to contact me.

-Thank you for your understanding,

Jerry Chavez Presiden

**Enclosures:** UBR form and check in the sum of \$150.00.