2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 13, 2000 8:00 am Secretary of State **DOCUMENT # \$90237** 1. Entity Name PARAMOUNT VENDING, INC. 03-13-2000 90027 006 ***150.00 Principal Place of Business Mailing Address 1411 S.W. 31ST AVENUE 1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-4834 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0294797 Not Applicable Zip Country Zip Country **\$8.75** Additional. 5. Certificate of Status Desired _____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MINIACI, ALBERT J. Street Address (P.O. Box Number is Not Acceptable) 1411 S.W. 31ST AVENUE POMPANO BEACH FL 33069 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE NAME NAME MINIACI, ALBERT J. STREET ADDRESS STREET ADDRESS 1411 S.W. 31ST AVE. CITY-ST-ZIP CITY-ST-ZIE POMPANO BEACH FL 33069 Addition Secretary ☐ Change ☐ Delete TITLE TITLE NAME NAME MINIACI, DOMINICK F. STREET ADDRESS STREET ADDRESS 821-E-BROWARD BLVD. CITY-ST-ZIP CITY-ST-ZIE <u>FT. LAUDERDALE FL 33301</u> ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

miniac