

2001 UNIFORM BUSINESS REPORT (UBR)

1/17/01-

FILED
Feb 03, 2001 8:00 am
Secretary of State

01-17-2001 90088 016 ***150.00

DOCUMENT # V24512

1. Entity Name

PARAMOUNT PROPERTY DEVELOPERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1011 NW 6 ST HOMESTEAD FL 33030 US	Mailing Address 1011 NW 6 ST HOMESTEAD FL 33030 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt., etc.	Suite, Apt., etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0321246	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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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

GUGGINO, JOSEPH
1011 NW 6TH STREET
HOMESTEAD FL 33030

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 State10. 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	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINS, RICHARD	NAME	
STREET ADDRESS	31155 SW 197 AVE.	STREET ADDRESS	
CITY- ST- ZIP	HOMESTEAD FL	CITY- ST- ZIP	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUGGINO, JOSEPH A.	NAME	
STREET ADDRESS	1011 NW 6TH ST.	STREET ADDRESS	
CITY- ST- ZIP	HOMESTEAD FL	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Guggino

Date

1/5/01

Daytime Phone #

305-248-4955

CR2ED34 (10/00)