2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V56137

WASERSTEIN, RICHARD

913 NORMANDY DR MIAMI BEACH FL 33141

1. Entity Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•						
PARAMOUN	T FINANCE CORPO	RATION						

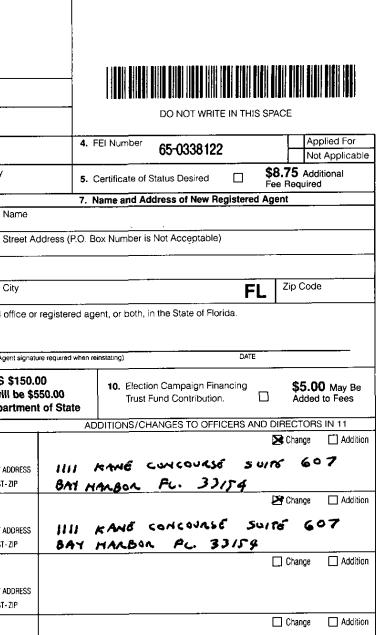
Principal Place of B	tusiness	Mailing Address						
1111 KANE CONCOURSE SUITE 610 BAY HARBOR FL 33154 US		PO BOX 402188 MIAMI BEACH FL 33140-0188 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc. SUITE # 607		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED

FILED Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90006 015 ***150.00



8. The above	named entity submits this statement for th	e purpose of changing its re	egistered office or r	registered ag	ent, or both	n, in the State o	of Florida.			
SIGNATURE.	Signature, typed or printed name of registered agent and t	itle if applicable (NOTE: F	Registered Agent signatur	e required when re	einstating)			DATE		
Tax filling requirement and elects to do so. After MAY 1, 2000			FEE IS \$150.00 B Fee will be \$550.00 to Department of State							
11. OFFICERS AND DIRECTORS			12.	AD	DITIONS/	CHANGES TO	OFFICER	RS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAIJMAN, MILTON 1111 KANE CONCOURSE SUITE & BAY HARBOR FG	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IIII A	KANÉ ALBOL	دسره، ۴۰۰ .	456 32/5	5 0176	hange 60	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS RAIJMAN, ISAAC 1111 KANE CONCOURSE SUITE # BAY HARBOR FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			COMCOV	15E 33/	_	Change 6	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					C	Change	☐ Addition

Name

City

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 be code his report acceptance 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:

30 82B-2274