

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/22

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90039 022 \*\*\*150.00

**DOCUMENT # G53983**

1. Entity Name  
**FIRST PARAGON, INC.**

Principal Place of Business

1351 NW 78TH AVE  
 MIAMI FL 33126  
 US

Mailing Address

1351 NW 78TH AVE  
 MIAMI FL 33126-1605  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 528042**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

**33152-8042**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2435087**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, WESLEY J**  
 1351 NW 78TH AVE  
 MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **Ralph Milman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1351 NW 78 Ave.**  
 City **Miami** FL Zip Code **33126**

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

**Ralph Milman President**

**5-16-2000**

(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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P MILMAN, RALPH</b>	<b>1351 NW 78TH AVE</b>	<b>MIAMI FL 33126</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-14-00**

Date

**305-477-7611 ext 153**

Daytime Phone #

CR2E034 (9/99)