

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 528042 Suite, Apt. #, etc.
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City & State	City & State Miami FL
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Zip	Country	Zip 33152-8042	Country U.S.A.
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2435087	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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]* **Ralph Milman President** DATE **5-16-2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]* **SIGNATURE REQUIRED** DATE **4-14-00** DAYTIME PHONE # **305-477-7611 ext 153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)