FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

May 02, 2001 8:00 am Secretary of State **DOGUMENT # L25656** 1. Entity Name 05-02-2001 90037 014 ***158.75 PAR ONE, INC. Principal Place of Business Mailing Address 501 BRICKELL KEY DR. 501 BRICKELL KEY DR 509 MIAMI FL 33131 MIAMI FL 33131-2611 US US 2. Principal Place of Business 2601 5. 09454 Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 10*C* 4. FEI Number Applied For 65-0161336 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DARRYL W. PARMENTER 501 BRICKELL KEY DR. #509 **MIAMI FL 33131** e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits Signature, typed or printed nan FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete NAME NAME PARMENTER, DARRYL W 2601 5. BAYSHORE DR STREET ADDRESS STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 509 CITY-ST-ZIP CITY-ST-ZIP MIAML FL 33131 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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