FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L25656

1. Entity Name
PAR ONE, INC.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DR 400 MIAMI, FL 33131 US	2601 S. BAYSHORE DR 400 MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
1111 BRICKELL AVE	1111 BRICKELL AVE
Suite, Apt. #, etc. 2910	Suite, Apt. #, etc. 2910
City & State MIAMI FL	City & State MIAMI FL
Zip 33131 Country USA	Zip 33131 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-0161336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, ANDREW R
2601 S. BAYSHORE DR
400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable) 1111 BRICKELL AVENUE
2910
City MIAMI FL Zip Code 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS PARMENTER, DARRYL W 2601 S. BAYSHORE DR #700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1111 BRICKELL AVE, 2910 MIAMI FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/03 305/379 7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DARRYL W. PARMENTER