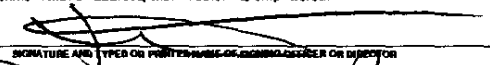


FILED
Apr 30, 2003 8:00 am
Secretary of State

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 2601 S. BAYSHORE DR 400 MIAMI, FL 33131 US		Mailing Address 2601 S. BAYSHORE DR 400 MIAMI, FL 33131 US	
2. Principal Place of Business 1111 BRICKELL AVE Suite, Apt. #, etc. 2910 City & State MIAMI FL Zip 33131 Country USA		3. Mailing Address 1111 BRICKELL AVE Suite, Apt. #, etc. 2910 City & State MIAMI FL Zip 33131 Country USA	
		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting.) DATE _____			
		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		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	
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 ☐ 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 ☐ Change ☐ Addition	
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:  DARRYL W. PARMENTER		4/25/03 305/379 7530	

CR2E034 (10/02)