5

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1040 BAYVIEW DR., #518

DOCUMENT # P0000084261

Principal Place of Business

1040 BAYVIEW DR., #518

1. Entity Name
PARAGON MORTGAGE ASSOCIATES, INC.



FILED Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90112 021 ***150.00

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F1. LAUDERDA	ALE FL 33304		FT. LAUDERDALE FL 33304									
2. Principal Place of Business			3. Mailing Address				7		 		H(0) (10) (40)	
Suite, Apt.	#, etc.	· · · · · · · · · · · · · · · · · · ·	Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4.	FR-10120 / 301			pplied For ot Applicable	
Zip	Country Zip				Country		5. (Certificate of Status Desired		\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
						Name						
CLIFTON, STEVEN S						Street Address (P.O. Box Number is Not Acceptable)						
	VIEW DR.,				<u> </u>							
FT. LAUDERDALE FL 33304-												
·					City				FL	Zip Cod	е	
	named entitions of regist		for the purp	ose of changing its r	registered offi	ce or register	red ag	ent, or both, in the State of Flor	rida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	nt and title if app	plicable. (NOTE:	Registered Agent	signature required	d when re	einstating)	DATE		<u> </u>	
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 Fina Trust Fund Contribution			00 May Be	
10.	,	OFFICERS ANI	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STEVEN S /IEW DR., #518 ERDALE FL 33304		☐ Delete	NAME STREET ADDI CITY-ST-ZIF					☐ Change	☐ Addition	
TITLE	I I. LAODE	INDALL I L 33304		□ Delete	TITLE					Change	☐ Addition	
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					CITY-ST-ZIP							
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12. I hereby certify that the information subplied 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 shalf have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustely empowered to execute this report as required by Chapter 647, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a partiess, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 08 954-567-464