## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # P13949** 1. Entity Name PARAGON CAPITAL MARKETS INC. 05-11-2001 90106 008 \*\*\*150.00 Mailing Address Principal Place of Business 7 HANOVER SQUARE 7 HANOVER SQUARE 2ND FLOOR 2ND FLOOR NEW YORK NY 10004 NEW YORK NY 10004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 22-2735866 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 'LEVINE, GEORGE B Address (P.O. Box Number is Not Acceptable) 1250 E. HALLENDALE BEACH BLVD. namos SUITE 300 HALLENDALE FL 33009 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME LEVINE, DANNY NAME STREET ADDRESS STREET ADDRESS 7 HANOVER SQUARE, 2ND FLOOR CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10004** TITLE DC ☐ Delete TITLE NAME NAME LEVINE, GEORGE STREET ADDRESS STREET ADDRESS 1250 E. HALLENDALE BEACH BLVD. CITY-ST-ZIP CITY-ST-ZIP HALLENDALE FL 33009 DS ☐ Delete TITLE TITLE NAME LEVINE, MARC I NAME STREET ADDRESS 1250 E HALLENDALE BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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.