

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047028

1. Entity Name

PARAMOUNT RESOURCE GROUP, INC.

Principal Place of Business

9690 W. SAMPLE RD.
SUITE 203
CORAL SPRINGS FL 33065
US

Mailing Address

9690 W. SAMPLE RD.
SUITE 203
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0689117

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JAN
5605 N.W. 29TH STREET
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

Kaplan, Jan

Street Address (P.O. Box Number is Not Acceptable)

9690 W. Sample Rd.

Suite 203

City

Coral Springs

FL

Zip Code

33065

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

Jan Kaplan
Signature, typed or printed name of registered agent and title if applicable.

JAN KAPLAN, President

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME KAPLAN, JAN
STREET ADDRESS 5605 N.W. 29TH STREET
CITY-ST-ZIP MARGATE FL 33063

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME Kaplan, Jan
STREET ADDRESS 9690 W. Sample Rd., Suite 203
CITY-ST-ZIP Coral Springs, FL 33065

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

Jan Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/01 954-341-1275

Daytime Phone #

CR2E034 (10/00)

0130446

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90257 037 ***158.75



DO NOT WRITE IN THIS SPACE