

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90129 001 \*\*\*150.00

DOCUMENT # **P96000064629**

1. Entity Name  
**PARAMORE ATHLETIC COLLECTIONS, INC.**

Principal Place of Business <b>496 NE 78TH STREET          APT 7          MIAMI FL 33138          US</b>	Mailing Address <b>P.O. BOX 223381          HOLLYWOOD FL 33022</b>
---	---

2. Principal Place of Business <b>6600 N.W. 27 Ave</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 119</b>	Suite, Apt. #, etc.

City & State <b>Miami, Florida</b>	City & State
Zip <b>33147</b>	Country <b>USA</b>

4. FEI Number <b>65-0686152</b>	Applied for <input type="checkbox"/>	Not Applied for <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PARAMORE, RONALD  
 2141 N.W. 96 STREET  
 MIAMI FL 33147**

7. Name and Address of New Registered Agent  
 Name  
**Ronald Paramore**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**6600 N.W. 27 Avenue**  
**Suite 119**  
 City  
**Miami** Zip Code  
**33147**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when transferring) \_\_\_\_\_ DATE \_\_\_\_\_

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PARAMORE, RONALD</b> <b>2141 N.W. 96 STREET</b> <b>MIAMI FL 33147</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NASH, TRACY</b> <b>2141 N.W. 96 STREET</b> <b>MIAMI FL 33147</b> <input checked="" type="checkbox"/> Delete <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PARAMORE, BENJAMIN JR</b> <b>1446 W 92ND STREET</b> <b>CHICAGO IL 60621</b> <input checked="" type="checkbox"/> Delete <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PARAMORE, RODNEY A</b> <b>496 NW 78TH STREET, APT #7</b> <b>MIAMI FL 33138</b> <input checked="" type="checkbox"/> Delete <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JONES, JERRY L</b> <b>10708 S VINCENNESS AVE</b> <b>CHICAGO IL 60643</b> <input checked="" type="checkbox"/> Delete <b>DELETE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>REEVES, SAMSON JR</b> <b>110708 S VINCENNES AVE</b> <b>CHICAGO IL 60643</b> <input checked="" type="checkbox"/> Delete <b>DELETE</b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N/E)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>xxx</b> Change <input type="checkbox"/> Add for <b>6600 Northwest 27 Avenue, Suite 119</b> <b>Miami, Florida 33147</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add for
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add for

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald D Paramore **Ronald D. Paramore** 4/25/01 (305) 835-8964  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2L034 (10/00)